

BOMB THREAT

SCENARIO

Your hospital main switchboard receives a call stating that an explosive device has been placed within your facility and will detonate within 60 minutes. Based on the amount of detail provided by the caller, it is determined that this poses a credible threat to your facility, and you activate the bomb threat procedures.

BOMB THREAT

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital maintain bomb threat procedures that are reviewed annually and revised as needed?

2. Does hospital have process to develop unified command with local law enforcement and/or FBI?

3. Does your hospital provide training to security and hospital personnel on how to recognize and respond to suspicious activity, including unidentified packages and persons exhibiting suspicious behavior?

4. Does your hospital have procedures for identifying and immediately removing unattended vehicles during bomb threats?

5. Does your hospital have a bomb threat kit (updated blueprints, floor plans, light sticks, pads, pencils, phone list, etc.) available?

Response & Recovery

1. Does your hospital have a procedure to conducting a thorough search of the entire facility and grounds?

2. Does your hospital have a plan to use non-electronic communication methods during a bomb threat because case electronic signals could detonate the bomb(s)?

3. Does your hospital have a procedure to rapidly lockdown the facility and ensure all access and egress points of the building and grounds are secured?

4. Does your hospital have plans for vertical and horizontal evacuation (e.g., department, floor, wing, and building) of the facility?

5. Does your hospital have a mechanism for initiating bomb threat procedures and for disseminating information throughout the facility without causing alarm or panic?

6. Does your hospital have a safe external evacuation area accessible to large vehicles, in case it becomes necessary to move patients and staff to another location?

7. Does your hospital coordinate with local law enforcement to secure facility and campus areas?

BOMB THREAT

INCIDENT RESPONSE GUIDE

Mission: To safely manage staff, patients, and visitors during a bomb threat or suspicious package situation.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
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Objectives

- Document all bomb threat information
 - Immediate respond to the bomb threat when received or suspicious object is found
 - Maintain security of the facility, consider lockdown and/or evacuation
 - Control and inspect packages and materials entering critical areas for suspicious objects
 - Maintain patient care services
 - Ensure safety of the staff, patients, and visitors
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Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate Command staff and Section Chiefs as appropriate
- Consider the possibility of a “dirty bomb” and evaluate/prepare for secondary radiation, chemical, and/or biological contamination

(Liaison Officer):

- Notify appropriate authorities of bomb threat and coordinate internal and external response agencies (e.g., law enforcement, bomb squad)
 - Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
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BOMB THREAT

INCIDENT RESPONSE GUIDE

COMMAND

(Safety Officer):

- Consider immediate evacuation of areas if threat is identified
- Monitor response activities to ensure safety of staff, patients, and responders

(Public Information Officer):

- Establish a media staging/briefing area and secure the media area to ensure media remain in designated areas
- Conduct media briefings and situation updates

OPERATIONS

- Implement the bomb threat procedure
- Secure the facility and stop visitors and others from entering the facility
- Evacuate non-essential personnel out of the facility to a safe area
- Initiate and coordinate search activities to identify suspicious objects or suspicious activity
- Liaison with responding and investigating law enforcement agencies
- Consider evacuation or relocation of patients

PLANNING

- Establish operational periods, incident objectives and Incident Action Plan, in collaboration with Incident Commander
- Prepare to track patients and personnel

LOGISTICS

- If necessary, establish an external evacuation safe area
- Prepare to implement patient tracking protocols
- Prepare for possible transportation for evacuated patients
- Account for all personnel currently in the facility
- Provide staff information and mental health services, as appropriate

BOMB THREAT

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Meet with Command Staff and Section Chiefs to evaluate the overall impact of incident on the facility

(PIO):

- Continue monitoring media reporting
 - Develop briefings and updates for staff, patients and visitors

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address
-

OPERATIONS

- Continue securing the hospital and grounds and restricting non-essential personnel from entering the building
 - Continue facility search procedures
 - Evacuate patients and staff, as indicated
 - Continue to liaison with law enforcement
-

LOGISTICS

- Continue to support facility response by providing appropriate personnel or equipment
-

FINANCE/ADMINISTRATION

- Track expenses and lost revenues
-

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- Implement patient, staff and visitor evacuation of the facility
 - Update and revise the Incident Action Plan
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BOMB THREAT

INCIDENT RESPONSE GUIDE

COMMAND

(PIO):

- Continue media briefings and situation updates

(Liaison Officer):

- Continue updating local emergency management, fire and EMS of situation status and need to evacuate facility

(Safety Officer):

- Continue monitoring safety practices and oversee safe evacuation of the facility

OPERATIONS

- Continue patient management activities and evacuation of the facility
 - Oversee evacuation of the facility and transfer of patients to other hospitals
 - Continue hospital and grounds security, deny entry to non-essential personnel

PLANNING

- Implement patient and staff tracking during the evacuation
 - Update and revise the Incident Action Plan

LOGISTICS

- Continue to provide mental health support to staff and patients as needed

FINANCE

- Continue to track response expenses
-

BOMB THREAT

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Ensure local law enforcement/bomb squad issue an “all clear” for the facility
- Oversee restoration of normal hospital operations

(PIO):

- Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer):

- Notify local emergency management, fire and EMS of termination of the incident

(Safety Officer):

- Oversee the safe return to normal operations and repatriation of patients
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OPERATIONS

- Restore patient care and management activities
 - Repatriate evacuated patients
 - Re-establish visitation and non-essential services
-

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions
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BOMB THREAT

INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide debriefing and mental health support services for staff and patients

FINANCE/ADMINISTRATION

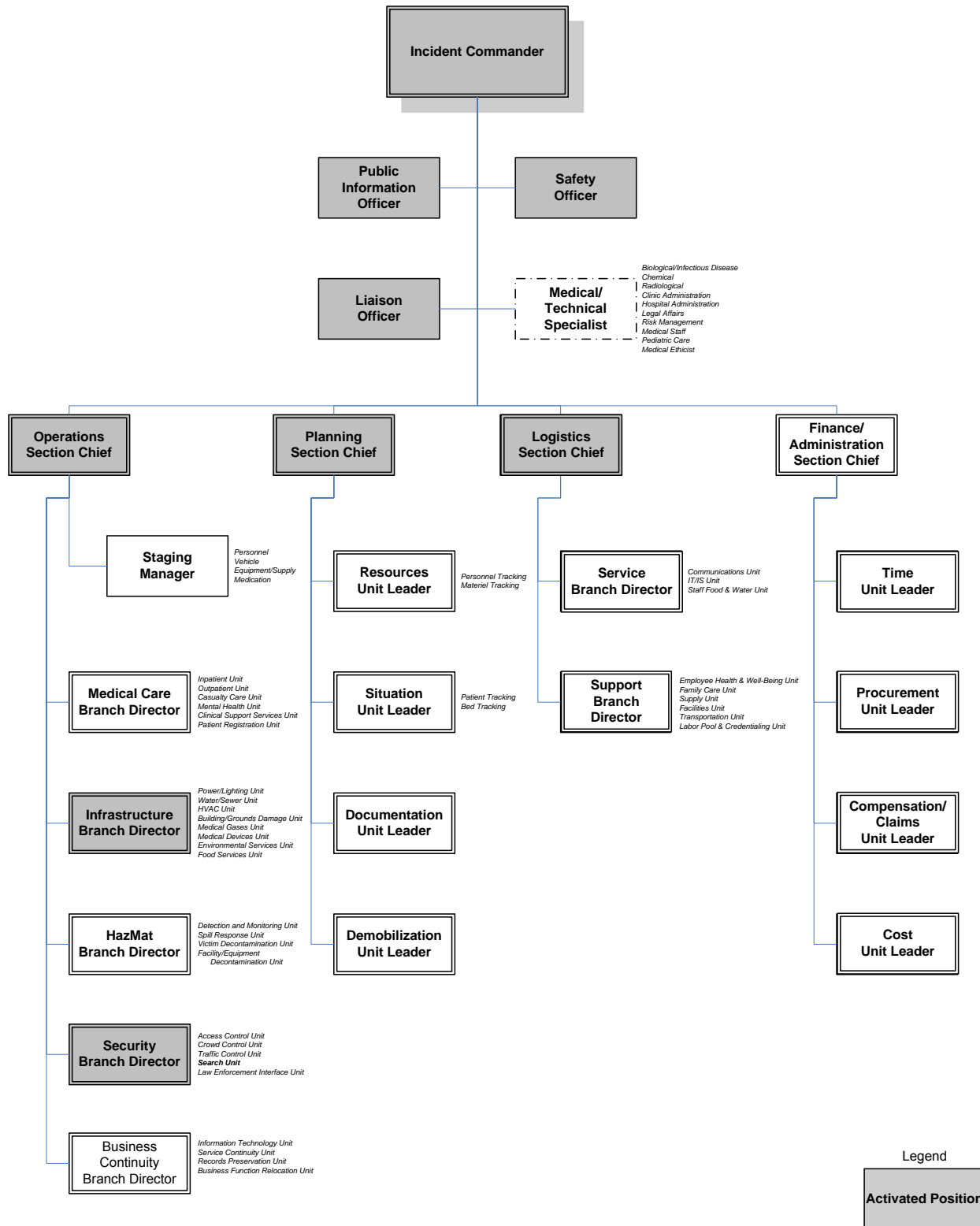
- Compile final response and recovery cost and expenditure summary and submit to the Incident Commander for approval

Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Evacuation Plan
 - Hospital Bomb Threat Procedure (telephone vs. suspicious object threat)
 - Facility and Departmental Business Continuity Plans
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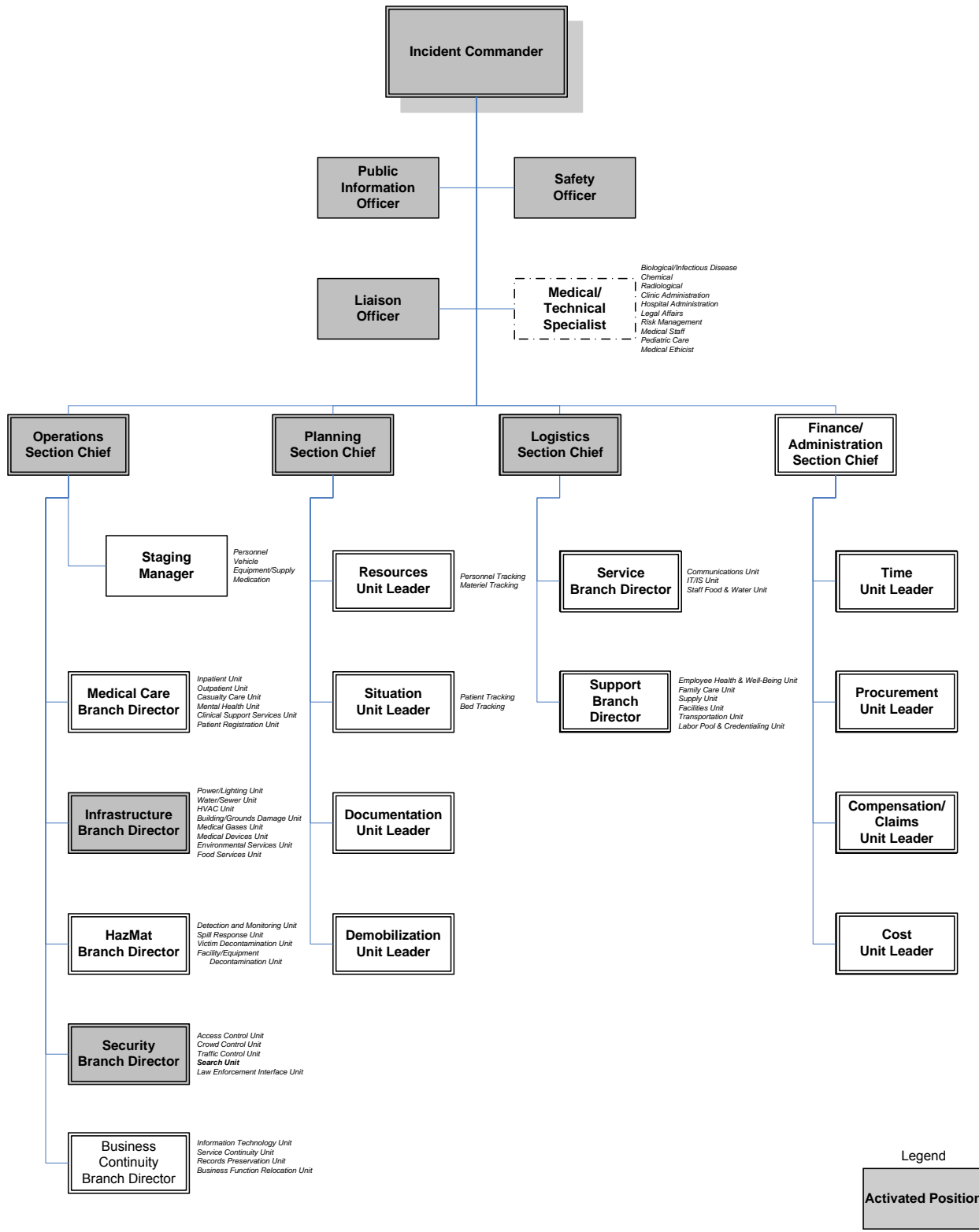
BOMB THREAT

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



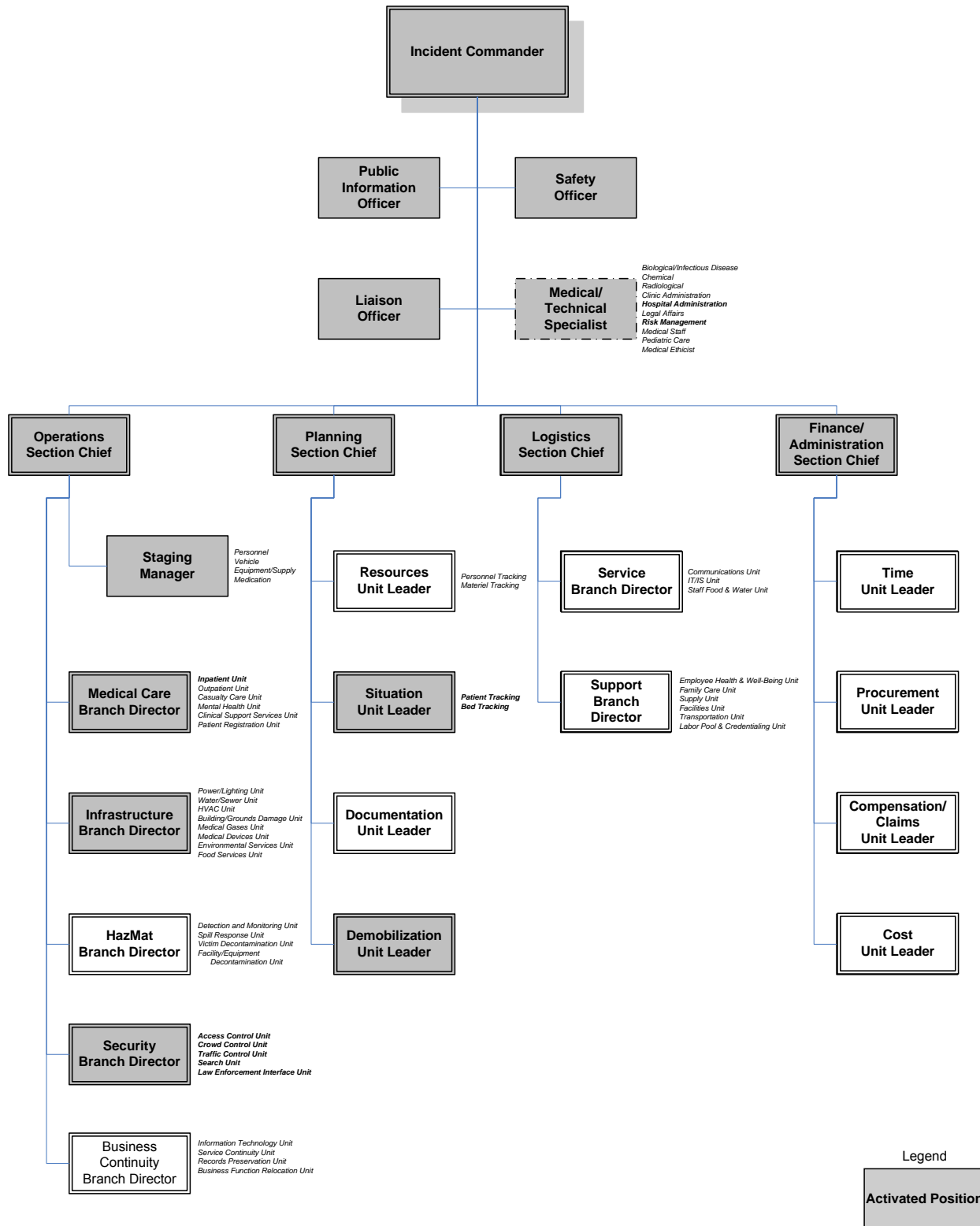
BOMB THREAT

INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



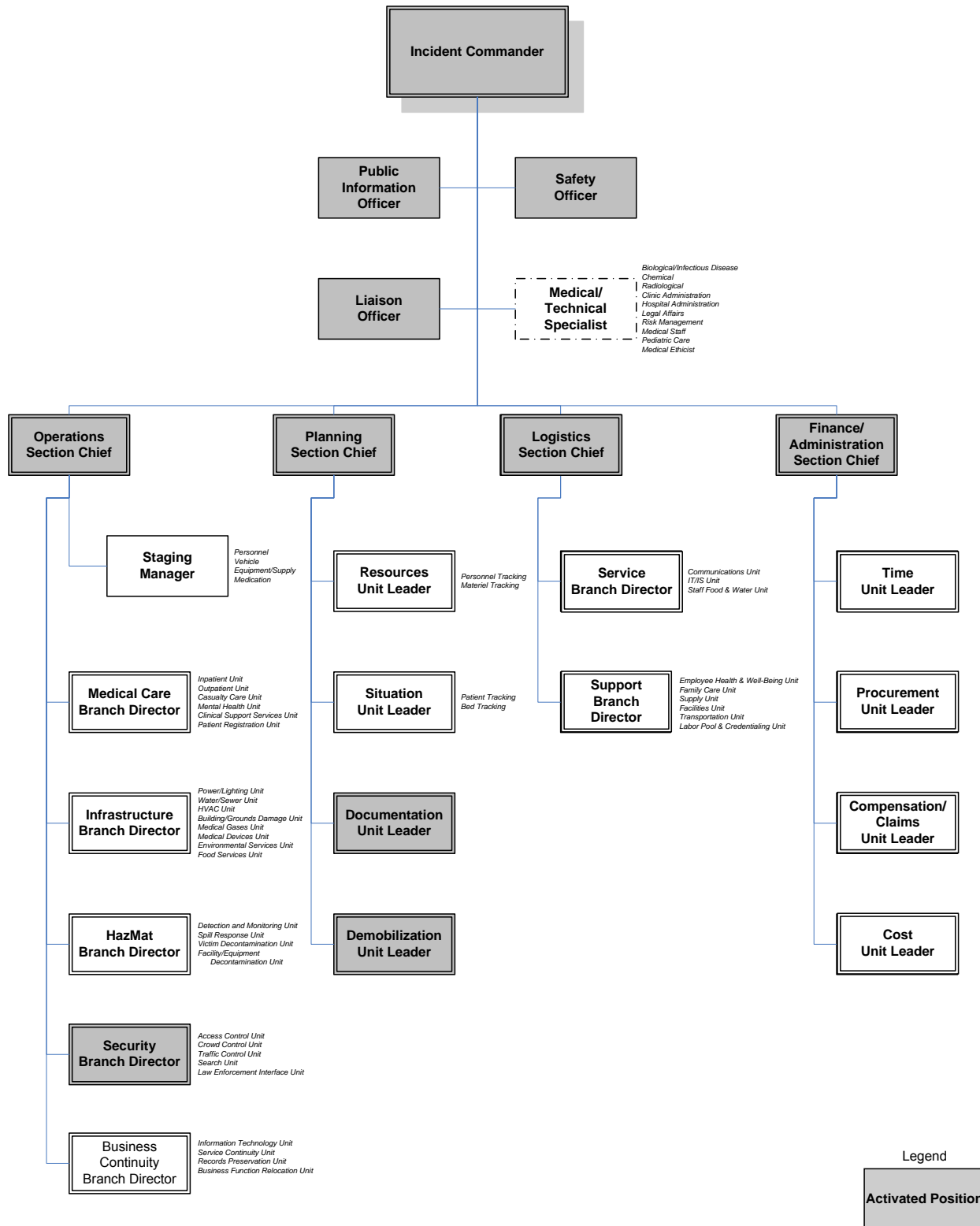
BOMB THREAT

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



BOMB THREAT

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION



EVACUATION, COMPLETE OR PARTIAL FACILITY

SCENARIO

There is a construction project in process at your facility. Upon digging, the operator ruptures the hospital water main, causing your facility's basement to flood. The two emergency generators are in a flooded section of the basement and have been rendered unusable. The power to the building has been interrupted, and the electric company has said it will be twelve or more hours before even partial restoration of services can be accomplished. Pharmacy services and the lab are located in the basement and cannot provide service due to flooding. Two facility workers are electrocuted while trying to restore power in the basement.

The media arrive at the facility and are demanding information

Total evacuation of the facility must occur immediately.

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have criteria and a rapid decision making process to determine the need for and activate the evacuation plan?

2. Does your hospital have a policy defining who has authority to order facility evacuation?
Does your hospital define the types of evacuation:

3.
 - Immediate vs. delayed?
 - Vertical, horizontal, total?

4. Does your hospital have an alert and notification procedure when the evacuation plan is activated, including internal and external authorities (local, county, state)?

5. Does your hospital have a procedure to rapidly notify local emergency management and other hospitals of the need for immediate evacuation of the hospital and ascertain their capacity to accept patients?

6. Does your hospital's evacuation plan include procedures for immediate, controlled, or planned evacuation of the facility for internal and external incidents?

7. Does your hospital's evacuation plan have evacuation priorities for patients and the facility (i.e., incident floor, top floor, critical care, general care, etc.)?

8. Does your hospital have evacuation procedures and patient tracking systems for ambulatory patients, semi-ambulatory patients, and non-ambulatory patients?

9. Does your hospital have a plan to supplement staffing through call-backs or requesting other resources from the local emergency management agency/EMS/Fire/law enforcement?

10. Does your hospital have a process to facilitate transfer of individual patient information, medications, and valuables?
Does your hospital plan designate evacuation location and routing options, including:

11.
 - Within facility (atrium, auditorium, gym, etc.)?
 - External to facility (adjacent building, nursing home, other hospitals, schools, etc.)?

12. Does your hospital have multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, SKED-type devices, blanket drag, multiple person carry, and/or single person carry)?

13. Does your hospital define and provide special equipment that may be needed during an evacuation (i.e., flashlights, headlamps, light sticks, etc.)?

14. Does your hospital have a process for initiating assembly area and holding area operations?

15. Does your hospital plan include coordination with ambulances/aero medical services and other transportation providers to ensure availability of necessary resources?

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT PLANNING GUIDE

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16. Does your hospital consider the need for additional, out-of-area transportation and coordinate these requests with the local emergency management agency?

 17. Does your hospital have a procedure for rapid family notification?

 18. Does your hospital plan for regularly providing information and updates to the media?

 19. Does your hospital plan define personnel roles in the evacuation?

 20. Does your hospital provide a process for securing animal research areas?

 21. Does your hospital have a process to ensure accurate and continuous documentation?

 22. Does your hospital track all incident related expenses?

 23. Does your hospital prepare for long-term response integration with external agencies and healthcare facilities?

 24. Does your hospital have a process to reassign staff?

 25. Does your hospital identify potential alternate sites/staging areas to use while awaiting placement of patients in other facilities?

 26. Does your hospital have adequate staff and supplies for alternate sites until patients can be transferred to other facilities?

 27. Does your hospital have a process to maintain long-term patient tracking processes?

 28. Does your hospital have a process to maintain general and high risk area facility security?
-

Response & Recovery

-
1. Does your hospital have the supplies, equipment and staffing to support the alternative evacuation location?

 2. Does your hospital have a process to salvage equipment remaining onsite?

 3. Does your hospital have a process to secure kitchen and laundry areas?

 4. Does your hospital have a process to secure diagnostic radiology areas/medications/isotopes?

 5. Does your hospital have a process to maintain HVAC control?

 6. Does your hospital have a plan to maintain traffic control on campus?

 7. Does your hospital have a process to support remaining staff?
-

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT PLANNING GUIDE

Does your hospital have criteria for reopening facility and departments:

8.
 - Partial or complete?
 - Certification by local authorities (i.e., public health, fire, governmental agencies)?
 - Legislated/regulatory considerations vs. psychological considerations?
 - Corporate influence considerations?
 - Funding?

Does your hospital have a process for notification of reopening to:

9.
 - Staff?
 - Other hospitals/healthcare facilities?
 - Local EOC?
 - Media?
 - Patient families?

10. Does your hospital have a process to determine facility cleaning needs, including use of contract service assistance, if needed?

11. Does your hospital have a mechanism for support area restoration?

12. Does your hospital have a mechanism for clinical area restoration?

13. Does your hospital have a mechanism for outpatient service restoration?

14. Does your hospital have a mechanism for blood bank services restoration?

15. Does your hospital have a mechanism for animal lab restoration when indicated?

16. Does your hospital have a mechanism for HVAC and medical gases restoration?

17. Does your hospital have a mechanism for re-staffing?

18. Does your hospital have a mechanism for pharmacy restocking?

19. Does your hospital have a mechanism for food service restoration?

20. Does your hospital have a mechanism for linen service restoration?

21. Does your hospital have a process for return of equipment and supplies from holding site?

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT PLANNING GUIDE

Does your hospital have procedures for repatriation of patients, including:

- Complying vs. dissenting patients?
 - Patient transportation coordination with sending hospital/healthcare facility?
 - Medical records management?
- 22.
- Transportation coordination?
 - Attending assignments?
 - Room assignments?
 - Patient re-registration?
-

23. Does your hospital have a process for accurate expense and revenue loss tracking?

24. Does your hospital have a procedure for preparing and disseminating the after action report, and implementing improvement plan actions?

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

Mission: To safely perform a complete or partial facility evacuation.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Maintain safety of patients, staff, visitors
 - Maintain life support functions
 - Conduct safe and rapid evacuation of the facility
 - Plan for patient repatriation and restoration of services
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility emergency operations plan and the Incident Command structure
- Appoint Command Staff and Section Chiefs
- Determine type of evacuation needed:
 - Immediate vs. delayed
 - Vertical, horizontal, complete
- Order the organized and timely evacuation of the facility

(PIO):

- Conduct regular media briefings on situation status and appropriate patient information
- Oversee patient family notifications of evacuation/transfer/early discharge

(Liaison Officer):

- Notify and regularly communicate with local emergency management agency, Fire, EMS and law enforcement about facility status and evacuation order

(Safety Officer):

- Oversee the immediate stabilization of the facility and basement flooding
 - Recommend areas for immediate evacuation to protect life
 - Ensure the safe evacuation of patients, staff and visitors
-

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

OPERATIONS

- Implement emergency life support procedures to sustain critical services (i.e., power, water, communications) until evacuation can be accomplished
 - Determine type of evacuation needed, in conjunction with the Incident Commander:
 - Immediate vs. delayed
 - Vertical, horizontal, complete
 - Implement planning for immediate evacuation of the facility
 - Prioritize patients/areas of the facility to be evacuated
 - Prepare patient records, medications and valuables for transfer
 - Confirm the transfer and timeline with accepting hospitals, providing patient information as appropriate
 - Discharge patients as appropriate
 - Establish a safe area for holding patients until transferred
 - Ensure patient records, medications and belongings are transferred with the patient
 - Secure the facility and restrict visitors and entry of non-essential personnel
 - Activate business continuity plans and procedures
 - Relocate hazardous materials from flooded areas to prevent area/facility contamination
 - Coordinate ambulances, aero medical services, and other transportation
 - Implement the evacuation plan and move patients and staff
-

PLANNING

- Track patients and personnel including evacuation location and receiving facility
 - Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Ensure documentation of all actions and activities
-

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Notify hospital Board, CEO and other internal authorities of situation status and evacuation

(Liaison):

- Integration with external agencies, including healthcare facilities

(PIO):

- Continue staff, patient, visitor and media briefings

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

OPERATIONS

- Ensure appropriate patient care and management during evacuation
 - Continue facility security, traffic and crowd control
 - Ensure family notification of patient transfer
 - Continue facilitating discharges
 - Continue to communicate patient information and status to receiving facilities

PLANNING

- Continue patient and personnel tracking and documentation
 - Update and revise the Incident Action Plan
 - Ensure complete documentation of activities, decisions and actions

LOGISTICS

- Supply supplemental staffing to key areas to facilitate evacuation
 - Provide for staff food and water and rest periods
 - Monitor facility damage and initiate repairs, as appropriate, as long as it does not hinder evacuation of the facility
 - Initiate salvage operations of damaged areas and relocate equipment from evacuated areas to secure areas or to other facilities

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

- Track costs and expenditures of response and evacuation
 - Track estimates of lost revenue due to evacuation of the facility
-

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- Meet with Command Staff and Section Chiefs to update evacuation progress and situation status

(Liaison Officer):

- Continue to update local emergency management, Fire, EMS and law enforcement officials on situation status and evacuation progress

(Safety Officer):

- Continue ongoing evaluation of evacuation practices for health and safety issues related to staff, patients, and facility, and implement corrective actions
-

OPERATIONS

- Ensure patient care and management for patients waiting evacuation
 - Secure all evacuated areas, equipment, supplies and medications
 - Continue business continuity and recovery actions
-

PLANNING

- Continue to track patients and staff locations
 - Track materiel and equipment transferred to other hospitals
 - Prepare a demobilization plan and deactivate HCC positions and staff when they are no longer necessary
 - Discuss staff utilization and salary practices during evacuation and closure of the facility with Human Resources; provide information to employees when determined
 - Continue to ensure documentation of actions, decisions and activities
 - Update and revise the Incident Action Plan
-

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

LOGISTICS

- Maintain information technology security
 - Support evacuation of supplies (medical, food, water, other equipment)
 - Assess and secure utility systems
-

FINANCE/ADMINISTRATION

- Continue to track and report response costs and expenditures and lost revenue
-

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Assess if criteria for partial or complete reopening of the facility is met, and order reopening and repatriation of patients
 - Oversee restoration of normal hospital operations

(PIO):

- Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer):

- Notify local emergency management, fire and EMS of termination of the incident and reopening of the facility

(Safety Officer):

- Oversee the safe return to normal operations and repatriation of patients
-

OPERATIONS

- Restore patient care and management activities
 - Repatriate evacuated patients
 - Re-establish visitation and non-essential services
-

EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
-

LOGISTICS

- Implement and confirm facility cleaning and restoration, including:
 - Structure
 - Medical equipment certification
 - Provide debriefing and mental health support services for staff and patients
 - Inventory supplies, equipment, food, and water, and return to normal levels
-

FINANCE/ADMINISTRATION

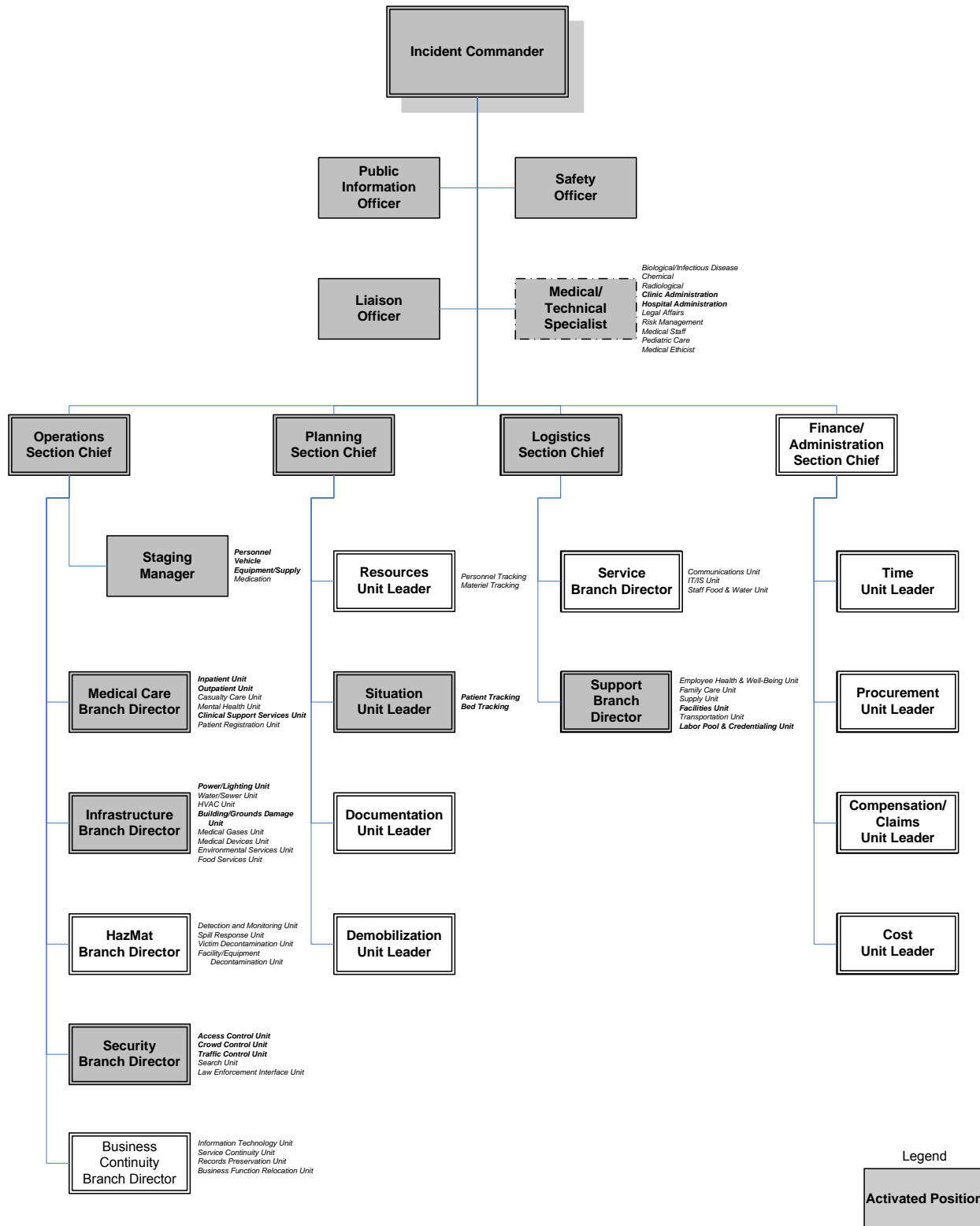
- Compile final response and recovery cost and expenditure and estimated lost revenues summary and submit to the Incident Commander for approval
 - Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate
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Documents and Tools

- Hospital Emergency Operations Plan
 - Patient Evacuation Plan
 - Utility Failure Plans
 - Facility and Departmental Business Continuity Plans
-

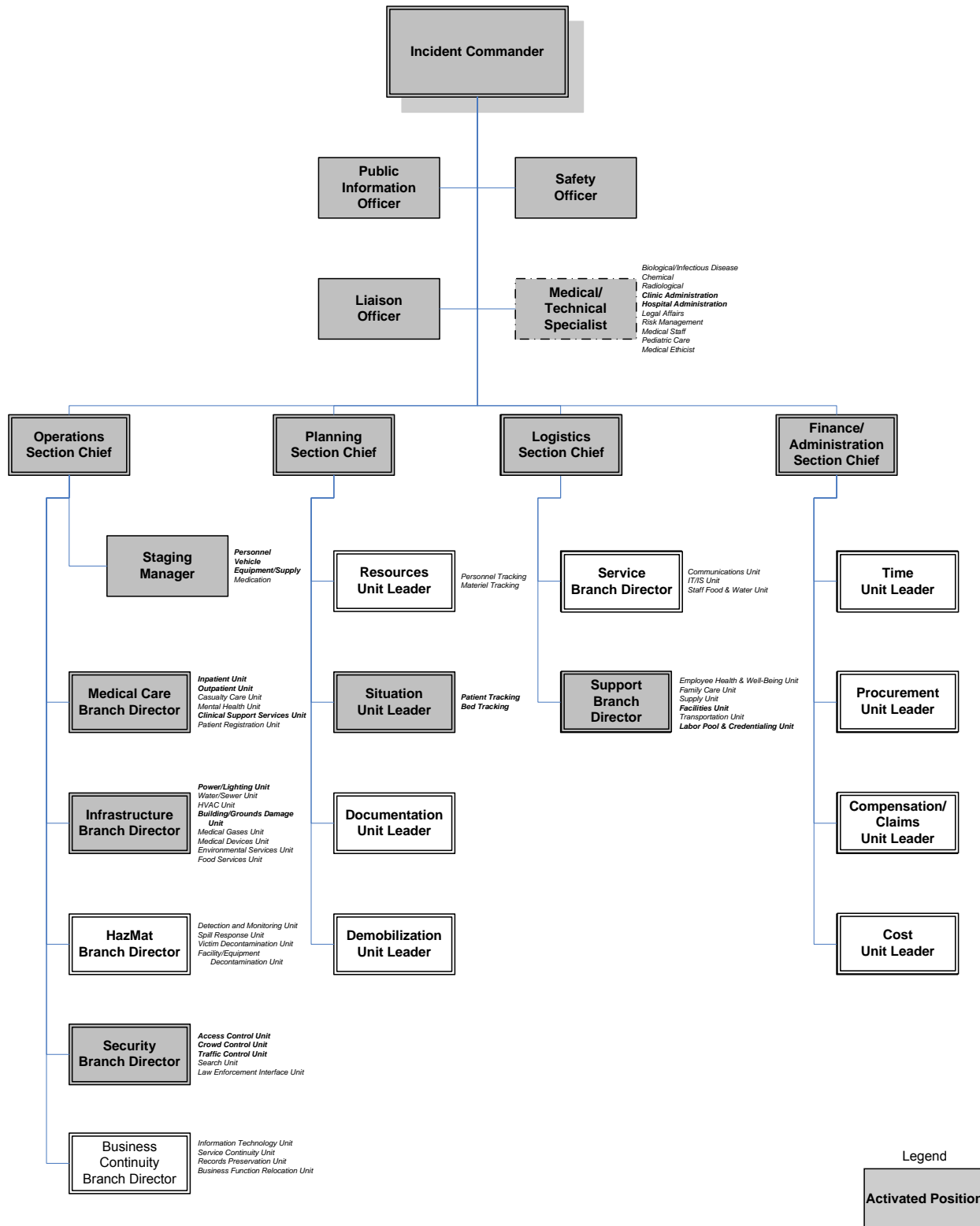
EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



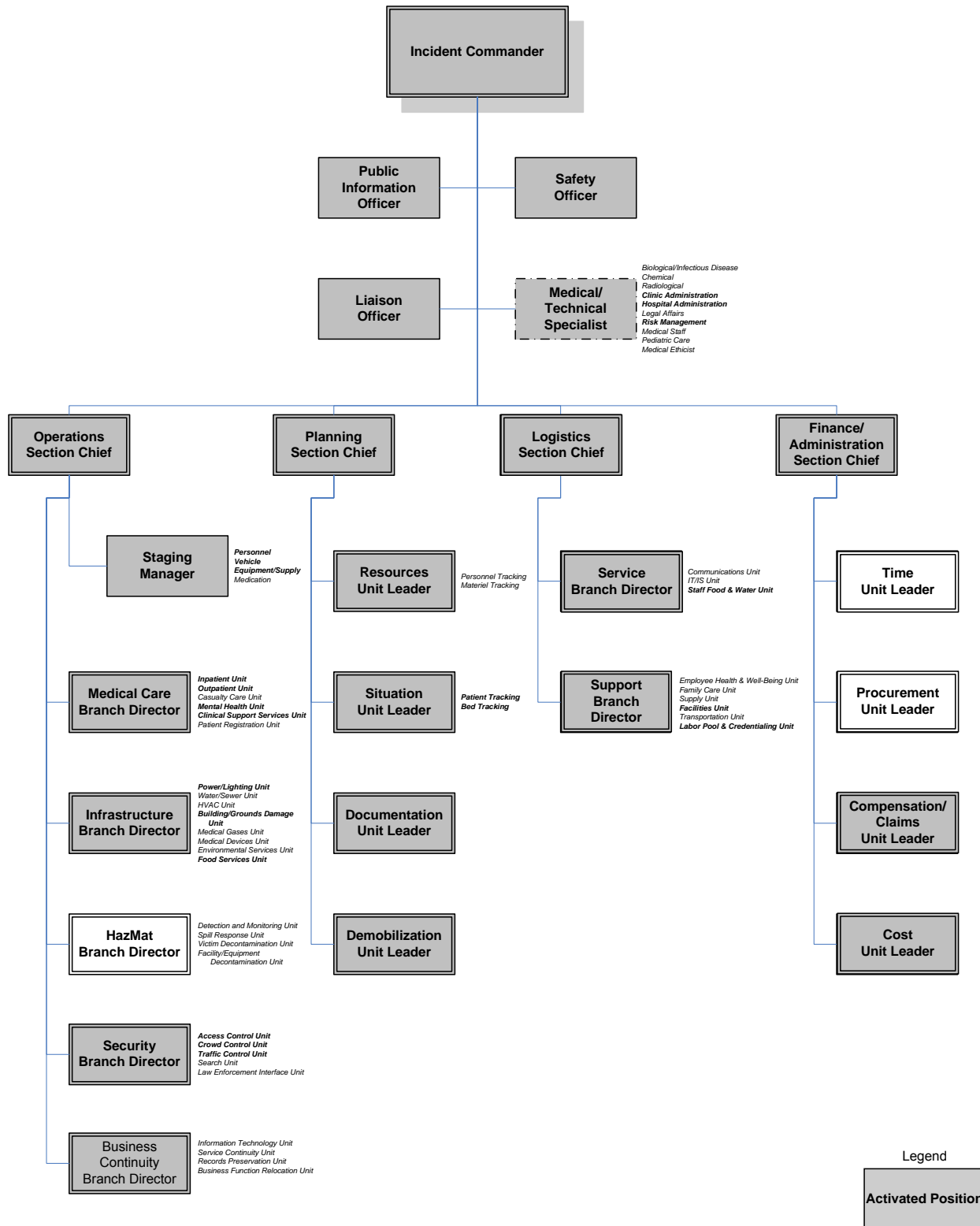
EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



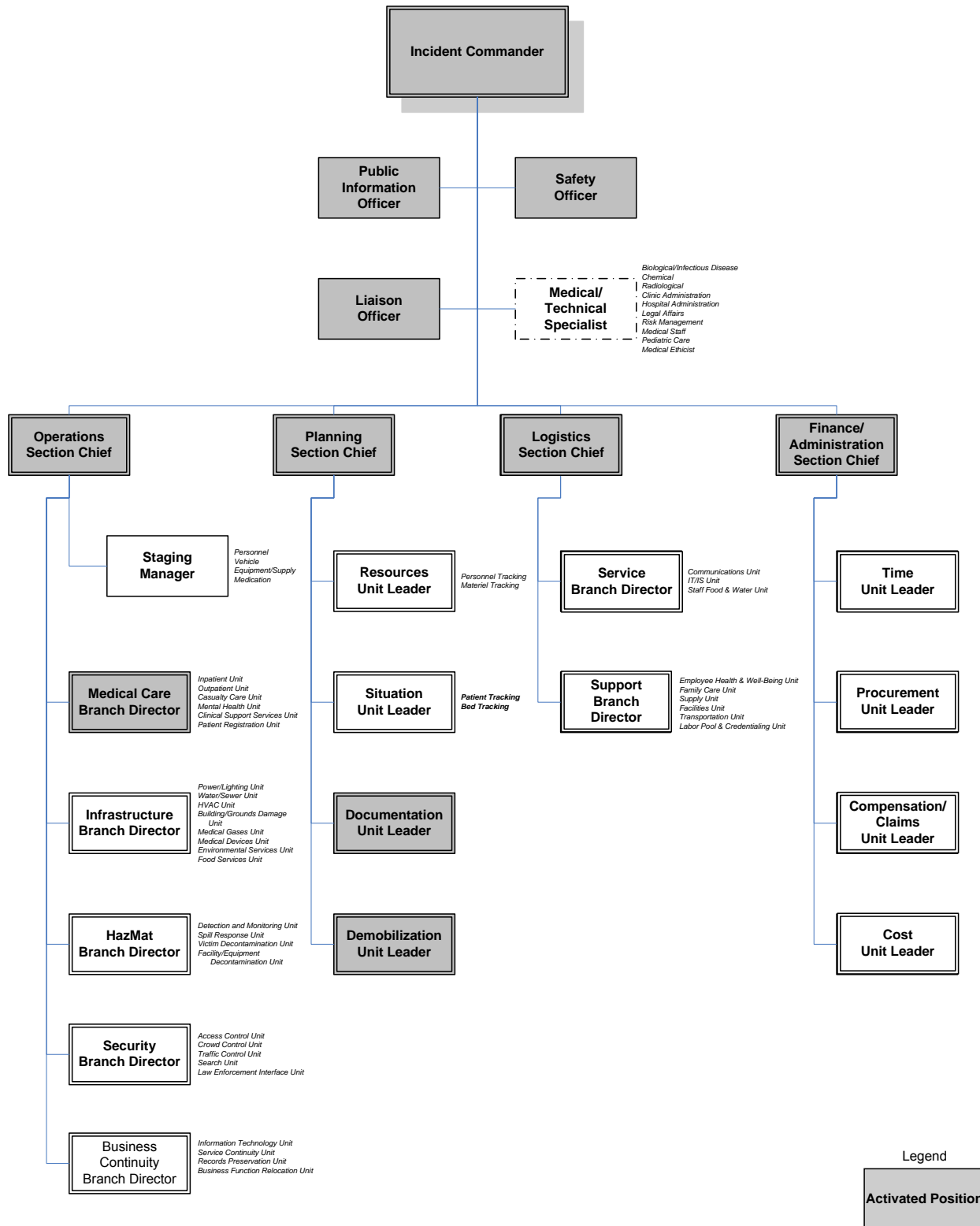
EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



EVACUATION, COMPLETE OR PARTIAL FACILITY

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION



FIRE

SCENARIO

Your hospital is in the middle of the annual flu season. It is mid winter and it is unusually cold outside. The time is 10:30 PM. The hospital inpatient beds are at 95% capacity and there are patients holding in the ED to be admitted.

A fire has broken out and has engulfed the laboratory area, and the fire sprinkler system in that area has activated. The fire department quickly responds and extinguishes the fire before it can spread beyond the laboratory area. The fire department assists with the smoke and water removal.

Two staff members from the laboratory are injured with burns and smoke inhalation, one seriously and one in critical condition. The lab is totally destroyed and is unusable. The extensive smoke and water damage has spread to the ICU and the patient rooms above the lab. The staff are asking if they should evacuate the hospital. The local press is now on scene and is demanding information and access to the hospital.

FIRE

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1.	Does the fire alarm and overhead announcement sound loudly enough to be heard in all locations?
2.	Does the fire alarm system include both audible and visual systems (e.g. alarm tone and flashing strobe lights)?
3.	Does the hospital have lighted emergency exits in all areas?
4.	Does the fire alarm automatically notify the local fire department?
5.	Does the hospital have a fire plan that includes closing and securing all doors and windows?
6.	Does the hospital have procedures to immediately shut off valves that control oxygen and other gases?
7.	Does the hospital fire plan include activation of the incident command system and HCC?
8.	Does the hospital have a mechanism to determine shelter-in-place or evacuation (partial evacuation vs. complete evacuation of facility)?
9.	Does the hospital have procedure to evaluate all areas of the facility for smoke or fire damage?
10.	Does your emergency plan include accounting for all on-duty staff and their locations?
11.	Does your hospital conduct periodic inspection and maintenance of fire protection systems and equipment (e.g., standpipes, fire extinguishers, sprinkler systems, etc.)?
12.	Does your hospital include the local fire department in emergency response planning?
13.	Does the laboratory have a plan for providing services in an alternative location or contract for services in the event the laboratory is non-functional?
14.	Does your hospital conduct regular fire drills and evaluate staff performance and take corrective actions as indicated?
15.	Does your hospital provide staff instruction on when and how to use a fire extinguisher?

FIRE

INCIDENT PLANNING GUIDE

Response & Recovery

1.	<p>Does the hospital have a procedure to obtain a detailed damage assessment of any area in the facility and officially documenting the damage for insurance purposes, including: by:</p> <ul style="list-style-type: none"> • Direct fire damage • Smoke damage • Equipment damaged • Supplies lost • Injuries/fatalities • Water run-off • Other operational damage/needs
2.	Does your hospital have a plan to evaluate the environment and air quality of nearby affected areas and determine the need for evacuation of the areas or temporary relocation of patients?
3.	Does the hospital have a plan for the activation of alternate care sites, if needed?
4.	Does the hospital have a procedure for notifying patient families and significant others of the incident and the status of their family member?
5.	Does the hospital have a procedure for securing unsafe/damaged areas of the facility and salvaging equipment, as possible?
6.	Does the hospital have a policy to notify the families of injured employees?
7.	Does the hospital have a plan for repairing the facility/damaged areas?
8.	Does the hospital have process for contracting for needed repair assistance?
9.	Does the hospital have procedures to prioritize service restoration activities?
10.	Does the hospital have a process to address potential mental health support needs of staff, patients and families?
11.	Does your hospital have a procedure to reorder used/damaged equipment and supplies?

FIRE

INCIDENT RESPONSE GUIDE

Mission: To reduce the loss of life and property during an internal fire incident.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
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Objectives

- Confine the fire/reduce the spread of the fire
 - Rescue and protect patients and staff
 - Implement internal emergency management plan – fire
 - Implement partial/full evacuation
 - Communicate situation to staff, patients, and the public
 - Investigate and document incident details
-

Immediate Actions (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility emergency operations plan and the Incident Command structure
- Appoint Command Staff and Section Chiefs
- Consider the formation of a unified command with hospital and fire officials
- Determine need for and type of evacuation

(PIO):

- Establish a media staging area
 - Conduct regular media briefings to update situation status and provide appropriate patient and employee information
 - Oversee patient family notifications of incident and evacuation/relocation, if ordered
-

FIRE

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- Notify and regularly communicate with local emergency management agency, Fire, EMS and law enforcement about facility status
- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
- Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- Oversee the immediate stabilization of the facility
 - Recommend areas for immediate evacuation or temporary relocation to protect staff and patients
 - Monitor the condition of the facility during the event and immediately notify the Incident Commander of any situations that are an immediate threat to life or health
-

OPERATIONS

- Implement fire response plan and conduct extinguishment/rescue operations, if needed and/or if possible
 - Evaluate need for evacuation or temporary relocation of nearby areas damaged from smoke or fire
 - Evaluate safety of involved structure after obtaining damage assessment from emergency response agency (fire department)
 - Secure the facility and deny entry to non-essential and unauthorized personnel
 - Establish alternate laboratory testing sites through other locations or contracted services
 - Follow up on injured employees and patients and document condition
-

FIRE

INCIDENT RESPONSE GUIDE

PLANNING

- Conduct an immediate count of hospital patients and their locations
 - Initiate patient tracking procedures
 - Account for on-duty staff by name and location
 - Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander
-

LOGISTICS

- Assist with facility damage assessment
 - Perform salvage operations in damaged laboratory areas, if possible
 - Ensure communications systems and IT/IS is functioning
 - Initiate follow up and documentation on injured employees, and assist with notification of family members
 - Call back additional staff to assist with operations and possible evacuation, as needed
-

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Meet regularly with Command Staff and Section Chiefs to review overall impact of the fire on the facility and reevaluate the need for evacuation or temporary relocation of patient care area and services

(Liaison):

- Continue to communicate with area hospitals and local emergency management to update on situation status and request assistance
- Establish the patient information center, in collaboration with the PIO

(PIO):

- Continue briefings for staff, patients and the media
- Establish the patient information center, in collaboration with the Liaison Officer

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address
-

FIRE

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue patient care and management activities
 - Relocate or evacuate patients from damaged/impacted areas, as appropriate
 - Ensure notification of patient's families of incident and patient condition
 - Continue to re-establish laboratory services
 - Ensure critical infrastructure services to essential area
 - Initiate facility clean up procedures
 - Initiate facility repairs
 - Continue facility security and secure all unsafe areas
 - Ensure business continuity operations were not damaged and are fully functional
-

PLANNING

- Continue patient and personnel tracking
 - Update and revise the Incident Action Plan
 - Ensure documentation of actions, decisions and activities
-

LOGISTICS

- Continue salvage operations, as appropriate
 - Provide mental health support for staff
 - Provide for staff food, water and rest periods
 - Continue to monitor condition of injured employees and report to Incident Commander
 - Order supplies and equipment as needed to facilitate patient care and recovery operations
 - Arrange transportation for relocated or evacuated patients
 - Assist with re-establishment of laboratory services through relocation or contracted services
 - Continue to provide supplemental staffing, as needed
-

FINANCE/ADMINISTRATION

- Track response and recovery costs and expenditures, including estimates of lost revenue
 - Initiate documentation and claims for injured employees and patients, if any
 - Facilitate procurement of supplies, equipment, medications, contracted services and staff needed for effective response and recovery
-

FIRE

INCIDENT RESPONSE GUIDE

Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- Meet with Command Staff and Section Chiefs to update situation status and patient relocation/evacuation progress

(PIO):

- Continue to brief staff, patients, families and the media on the situation status and appropriate patient information
- Continue patient information center, as needed

(Liaison Officer):

- Continue to update local emergency management, Fire, EMS and law enforcement officials on situation status and evacuation progress

(Safety Officer):

- Continue ongoing evaluation of evacuation practices for health and safety issues related to staff, patients, and facility, and implement corrective actions
-

OPERATIONS

- Continue patient care and management activities
 - Ensure safe patient relocation/evacuation, if necessary
 - If patients are evacuated to other facilities, ensure patient records, medications and belongings are transferred with the patient
 - Continue to assess facility damage and services
 - Provide for food and water for patients, families and visitors
 - Continue security of the facility and unsafe areas within the facility
-

PLANNING

- Plan for demobilization of incident and system recovery
 - Update and revise the Incident Action Plan
 - Ensure documentation of actions, decisions and activities
 - Continue patient and personnel tracking
-

FIRE

INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide mental health support and debriefings to staff
 - Continue to provide food, water and rest periods for staff
 - Continue to monitor the condition of injured employees and report to the Incident Commander
 - Replace or reorder damaged supplies and equipment to provide laboratory services as soon as possible
 - Provide additional staffing as needed
-

FINANCE/ADMINISTRATION

- Continue to track and report response costs and expenditures and lost revenue
 - Complete claims/risk management reports on injured employees or patients
-

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Assess if criteria for partial or complete reopening of areas within the facility is met, and order reopening and repatriation of patients
- Oversee restoration of normal hospital operations
- Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident

(PIO):

- Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer):

- Notify local emergency management, fire and EMS of termination of the incident and reopening of the facility

(Safety Officer):

- Oversee the safe return to normal operations and repatriation of patients
-

FIRE

INCIDENT RESPONSE GUIDE

OPERATIONS

- Restore patient care and management activities
 - Repatriate evacuated patients
 - Re-establish visitation and non-essential services
 - Provide mental health support and information about community services to patients and families, as needed
-

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Prepare a summary of the status and location of patients. Disseminate to Command Staff and Section Chiefs and to other requesting agencies, as appropriate
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Write after-action report and improvement plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Future response actions
 - Corrective actions
-

LOGISTICS

- Provide mental health support and conduct stress management debriefings, as needed
 - Monitor health status of staff
 - Restock and resupply equipment, medications, food and water and supplies to normal levels
 - Itemize all damaged equipment and supplies and submit to Finance/Administration Section
 - Return borrowed equipment after proper cleaning/disinfection
 - Restore normal non-essential services (i.e., gift shop, etc.)
-

FIRE

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

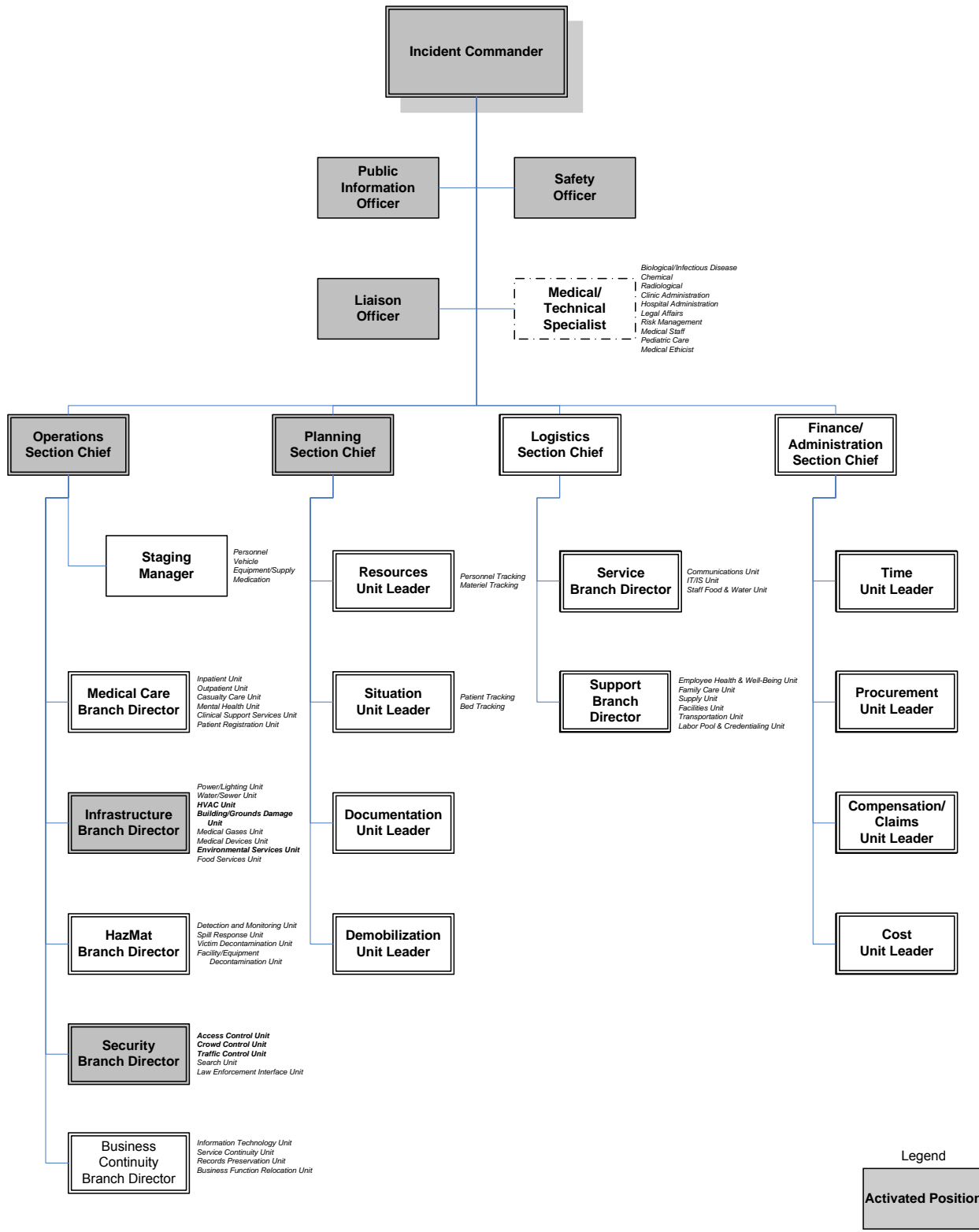
- Compile final response and recovery cost and expenditure and estimated lost revenues summary and submit to the Incident Commander for approval
- Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate

Documents and Tools

- Hospital Emergency Operations Plan
 - Fire Emergency Response Plan
 - Hospital Patient Evacuation Plan
 - Patient Tracking Form
 - Hospital Damage Assessment Procedures Forms
 - Job Action Sheets
 - Hospital Organization Chart
 - Facility and Departmental Business Continuity Plans
 - Television/radio/internet to monitor news
 - Telephone/cell phone/satellite phone/internet for communication
-

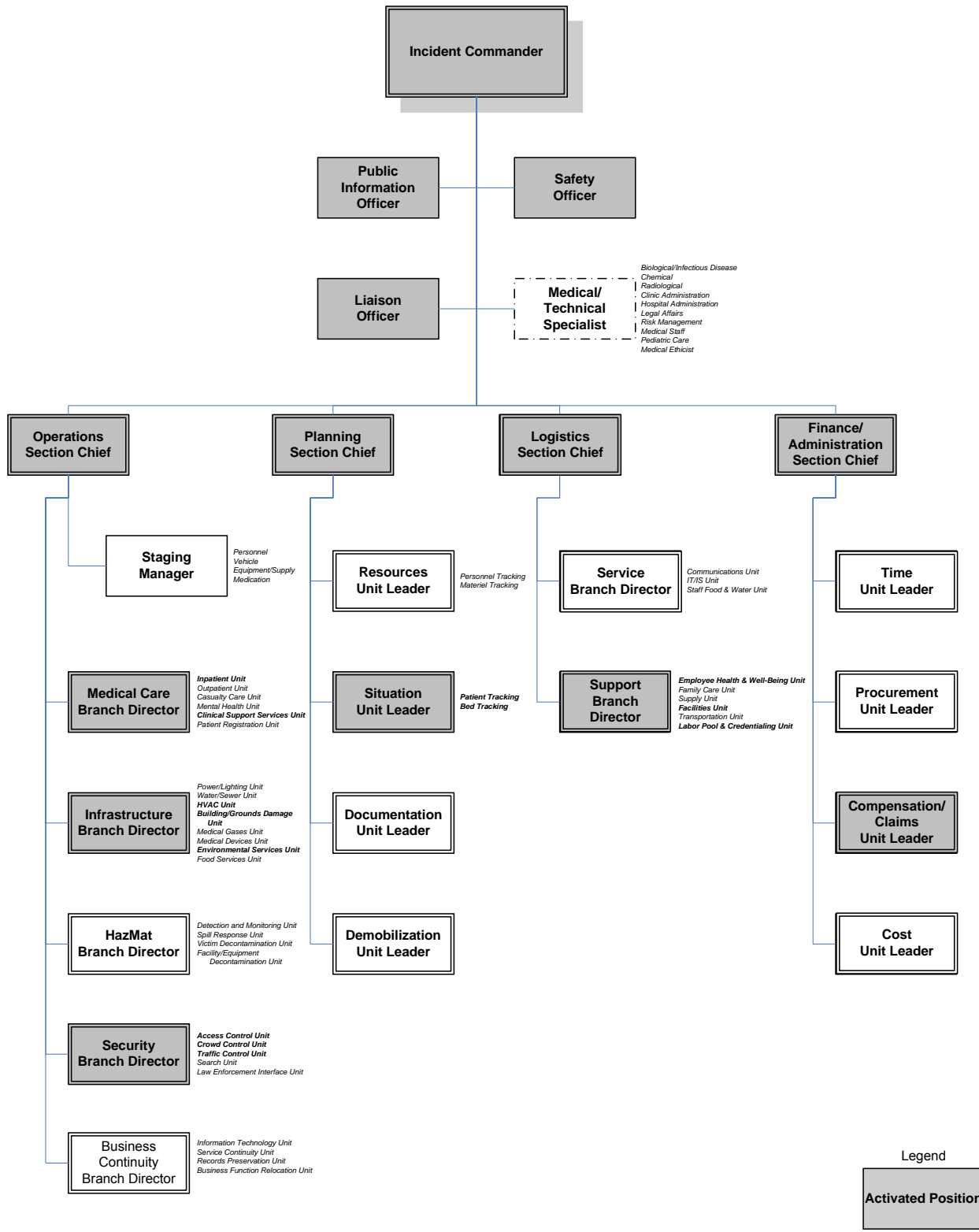
FIRE

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



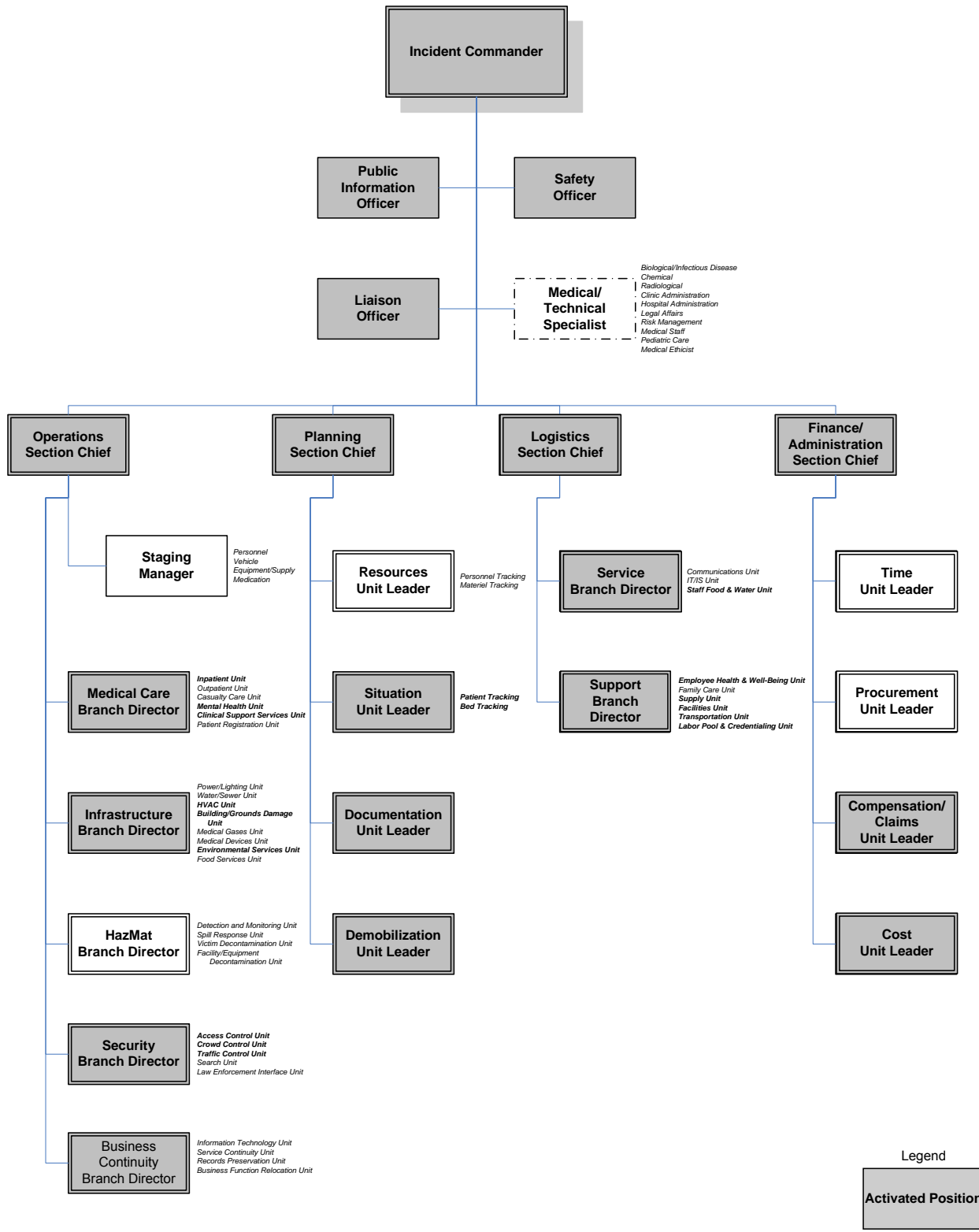
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INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



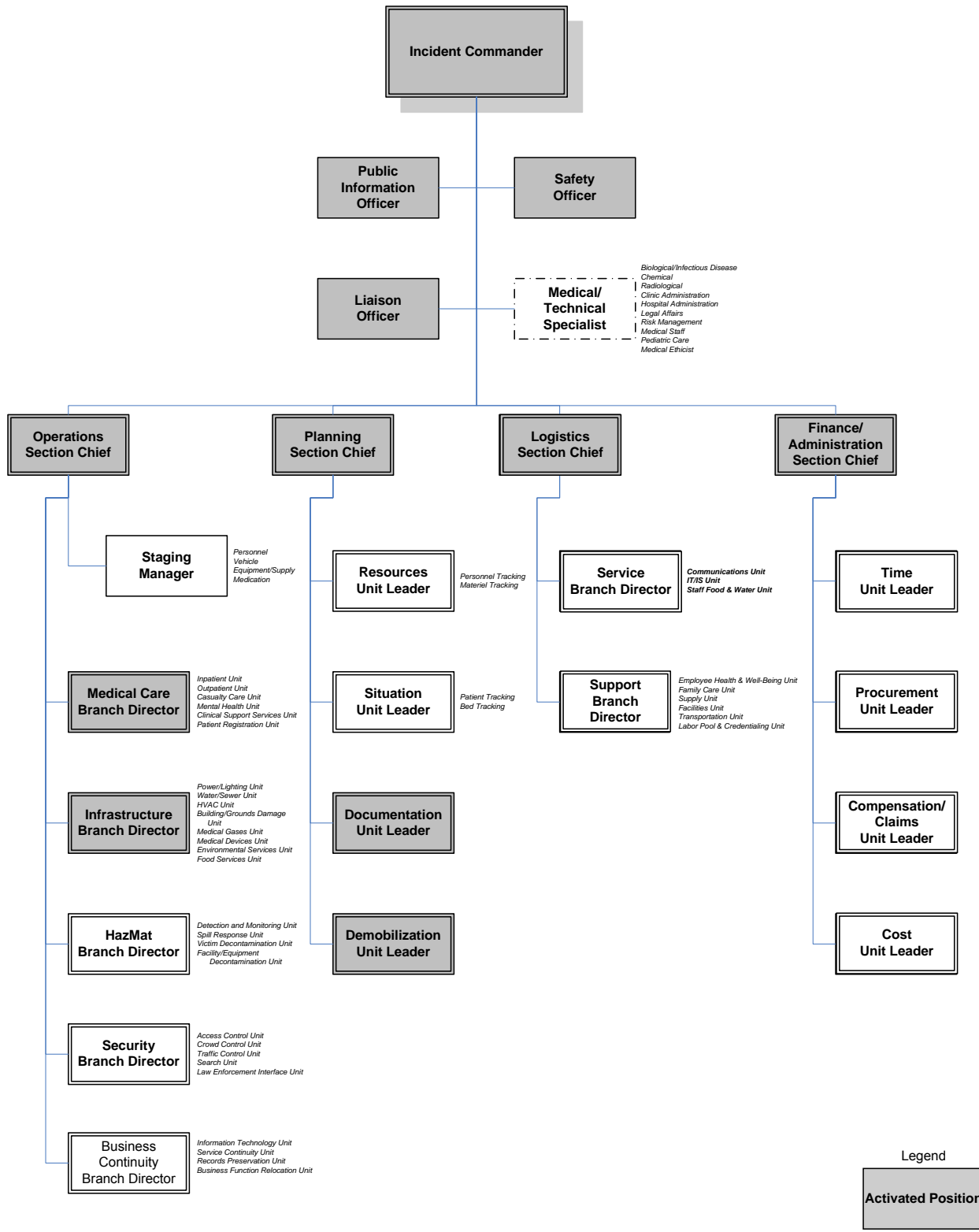
FIRE

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



FIRE

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION



HAZARDOUS MATERIAL SPILL

SCENARIO

A five-gallon holding reservoir for xylene ruptures and spills in an area within your laboratory. The technician in the area attempts to contain the spill by throwing towels over the product. Hospital staff smell the fumes and evacuate the laboratory. The spill and subsequent evacuation renders the laboratory non-functional and all testing ceases. The fumes from the spill enter the hospital HVAC system and spread to other areas of the hospital. Patients and staff are complaining of the odor and experiencing minor symptoms of coughing and tearing eyes.

The hospital Spill Response Team arrives to contain the area and evaluate the situation; they isolate and remove all remaining workers from the area. HVAC/air intake systems are diverted or shut down to prevent spread of fumes. Operations in affected areas have ceased, impacting patient care services. Affected workers are receiving evaluation and treatment in the ED. The Spill Response Team quickly realize that the size of the spill is beyond their scope and contact the hospital's hazardous material response provider and/or 911.

Concern grows among unaffected staff, patients, and visitors who believe they may have been exposed to the fumes. Many are requesting evaluation and treatment. Most of all people exposed have been discharged from the ED; but, there have been a few requiring admission. The hospital's Hazardous Materials response provider has effectively completed the spill clean up.

The media have arrived at the hospital and many patients' families, learning of the incident, are demanding information regarding the status of their family member.

HAZARDOUS MATERIAL SPILL

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

Does your hospital have procedures for the following:

1.
 - Rapid HVAC and air intake control, shut down and diversion?
 - A procedure for individually controlling HVAC and return air for impacted areas?
 - Hazardous materials identification, control and cleanup?
 - Controlling access and egress into affected area?
 - HVAC preventive maintenance?
 - Engineering controls?
 - Staff training?
-

Does your hospital have the following, to increase readiness for this scenario?

2.
 - A plan for communications or liaison with fire/hazmat, OSHA/EPA (state and/or federal), public health, poison control, and other relevant external entities
 - A hospital hazmat response and decontamination plan and team ("Spill Team") to prevent contamination of hospital staff and facilities
 - A procedure to monitor the health status of staff who were initially exposed and who participated in response and decontamination activities
 - A procedure for isolating the area to prevent spread of contamination
 - Standardized messages for communicating the risks associated with this event with staff, patients and the media
 - Access to expert information sources, e.g., Material Safety Data Sheet (MSDS), DOT Emergency Response Guide, CDC web site, city or county emergency operations plan
-

Response & Recovery

Does your hospital have a plan to:

1.
 - Partial or full evacuation of the facility or relocating services if the chemical released poses an immediate danger to staff, patient care, and business?
 - Assess immediate and short-term impacts on interior construction and infrastructure systems?
 2. Does your lab have a procedure for notifying hospital staff of an incident and a policy for identifying alternative lab services?
-

HAZARDOUS MATERIAL SPILL

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently manage a spill or leak involving hazardous material within the hospital.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Isolate the contaminated area
 - Identify the hazardous material
 - Patient triage and medical management
 - Protection of patients, staff and visitors
-

Immediate (Operational Period 0-2 Hours) & Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Establish Incident Command and activate PIO, Safety Officer, Liaison Officer and Operations and Logistics Section Chiefs
- Alert/notification of internal staff via overhead page (e.g., Code Orange: Internal)
- Activate and implement the hospital's Spill Response Team
- Establish Hospital Command Center (HCC) and assemble incident management team
- Activate the Medical/Technical Specialist – Chemical to assess the incident
- Activate Medical Care, Infrastructure, HazMat, and Security Branch Director
- Establish operational periods and operational objectives (e.g., protecting life safety of existing personnel and patients, limit further spread/damage, provide decontamination, and account for all personnel and patients)

(PIO):

- Establish a patient information center; coordinate with the Liaison Officer and local Emergency Management/Public Health/EMS

HAZARDOUS MATERIAL SPILL

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison):

- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
- Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address
-

OPERATIONS

- Ensure proper triage of symptomatic and non-symptomatic patients, staff, volunteers and others with possible exposure
 - Initiate and maintain patient care and management activities
 - Coordinate with the Security Officer, as necessary, to isolate the spill area
 - Communicate with local emergency management to identify toxic chemicals
 - Isolate the contaminated area
 - Identify the hazardous material
 - Provide situation report to IC including
 - Substance description and damage inflicted
 - Response / clean-up plan including potential notification and activation of contracted Hazardous Materials spill response provider
-

PLANNING

- Establish operational periods and develop Incident Action Plan:
 - Engage other hospital departments
 - Share Incident Action Plan through Incident Commander with these areas
 - Provide instructions on needed documentation including completion detail and deadlines
 - Prepare and implement patient tracking protocols
-

HAZARDOUS MATERIAL SPILL

INCIDENT RESPONSE GUIDE

LOGISTICS

- Monitor the health status staff who participated in decontamination activities and actively provide rehabilitation as necessary
 - Anticipate an increased need for medical/surgical supplies, personal protective equipment, transporters, and personnel
-

Extended (Operational Period Beyond 12 Hours)

COMMAND

(PIO):

- Continue patient information center, as necessary

(Liaison):

- Obtain a summary of the status and location of all incident patients from the Patient Tracking Officer. Disseminate to public health/EMS, local EOC, local Fire/HazMat Teams, or others as appropriate
-

OPERATIONS

- Continue spill clean up and decontamination of the laboratory
 - Continue patient management activities
 - Monitor environmental conditions/fumes and continue to control HVAC operations to limit or prevent spread
-

LOGISTICS

- Continue to monitor the health status of staff who were exposed to the fumes or who participated in decontamination activities
 - Monitor, in collaboration with the Medical Care Branch Director, all patients who were exposed or may have been exposed to the fumes/chemical
 - Ensure restoration or relocation of laboratory services
-

FINANCE/ADMINISTRATION

- Monitor and track all personnel time and response costs
 - Track costs for outside resources assisting in response
 - Prepare summary reports for the Incident Commander every 8 hours and as requested
-

HAZARDOUS MATERIAL SPILL

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Once notified of complete clean up and decontamination of the affected area(s), declare the emergency terminated and demobilize the HCC

(PIO):

- Notify the media of the termination of the event, outcomes and other pertinent information

(Safety Officer):

- Ensure safety of impacted area(s) and notify the IC of status

(Liaison):

- Notify local officials, Fire/HazMat teams and other hospitals of “all clear” status

OPERATIONS

- Complete clean up operations and assess decontamination
 - Implement local hazmat protocols to follow up with the local/state/federal agencies as appropriate (e.g., EPA)

PLANNING

- Conduct after-action review with the following:
 - Command personnel and Section Chiefs
 - Laboratory Staff
 - Spill Team Response Members
 - Staff, patients and volunteers
- Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions

HAZARDOUS MATERIAL SPILL

INCIDENT RESPONSE GUIDE

LOGISTICS

- Monitor the health status staff who participated in decontamination activities for an extended period
 - Conduct stress management and after-action debriefings and meetings as necessary
 - Inventory all HCC and hospital supplies and replenish as necessary and appropriate

FINANCE/ADMINISTRATION

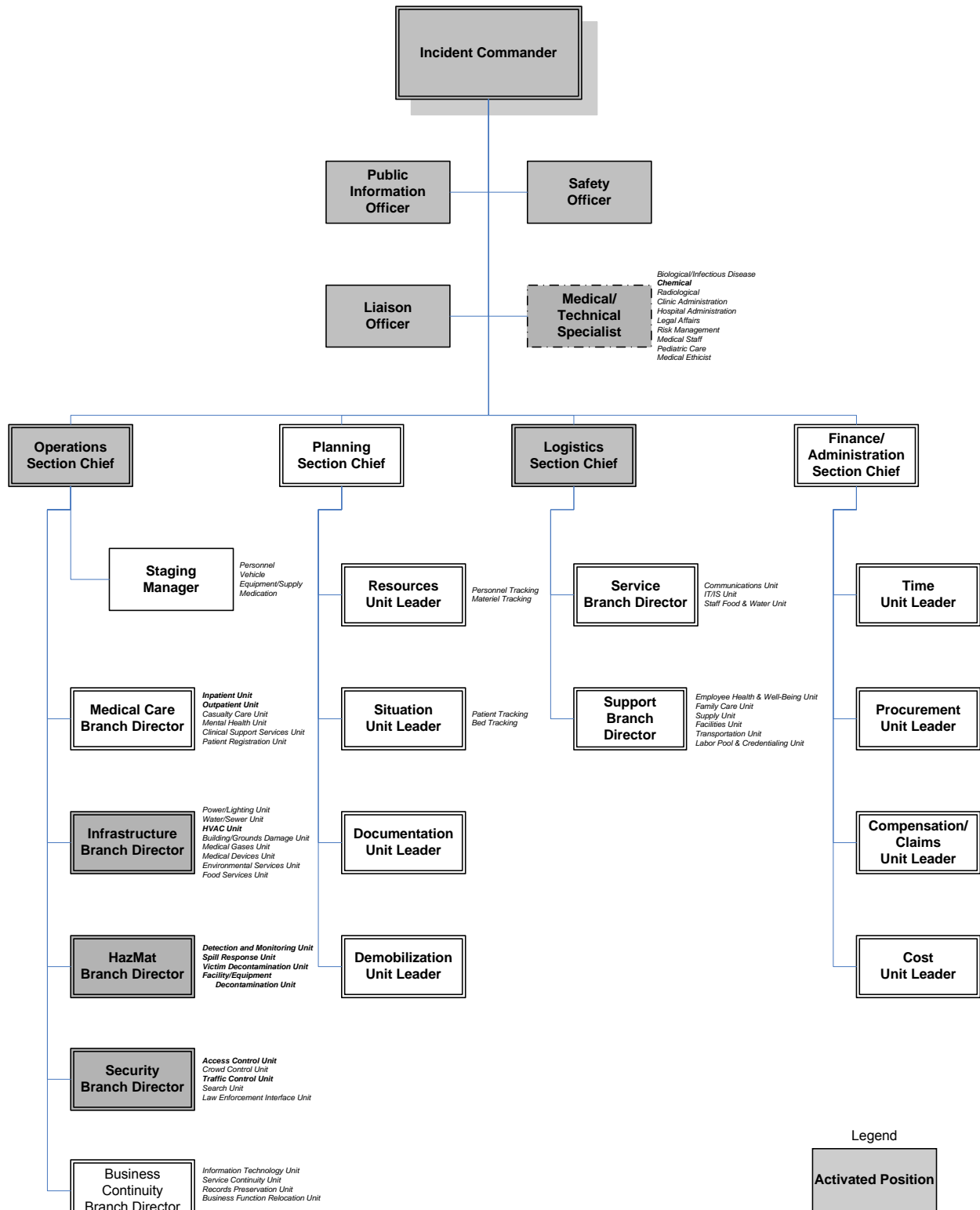
- Compile expense reports and submit to Incident Commander and proper authorities for reimbursement

Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Spill Response Plan
 - Hospital Decontamination Protocol
 - Hospital Mass Casualty Incident Protocol
 - Patient Tracking Form
-

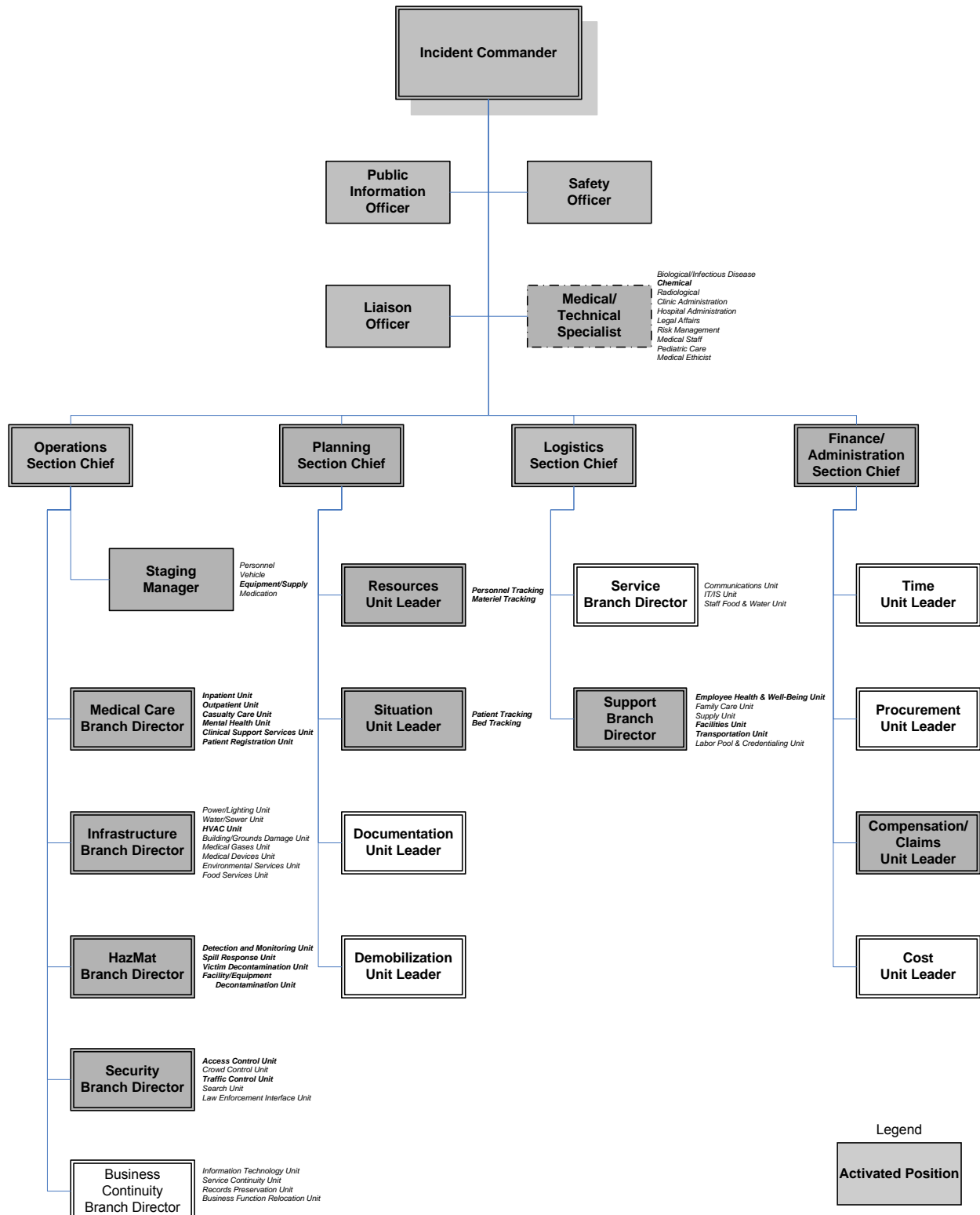
HAZARDOUS MATERIAL SPILL

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



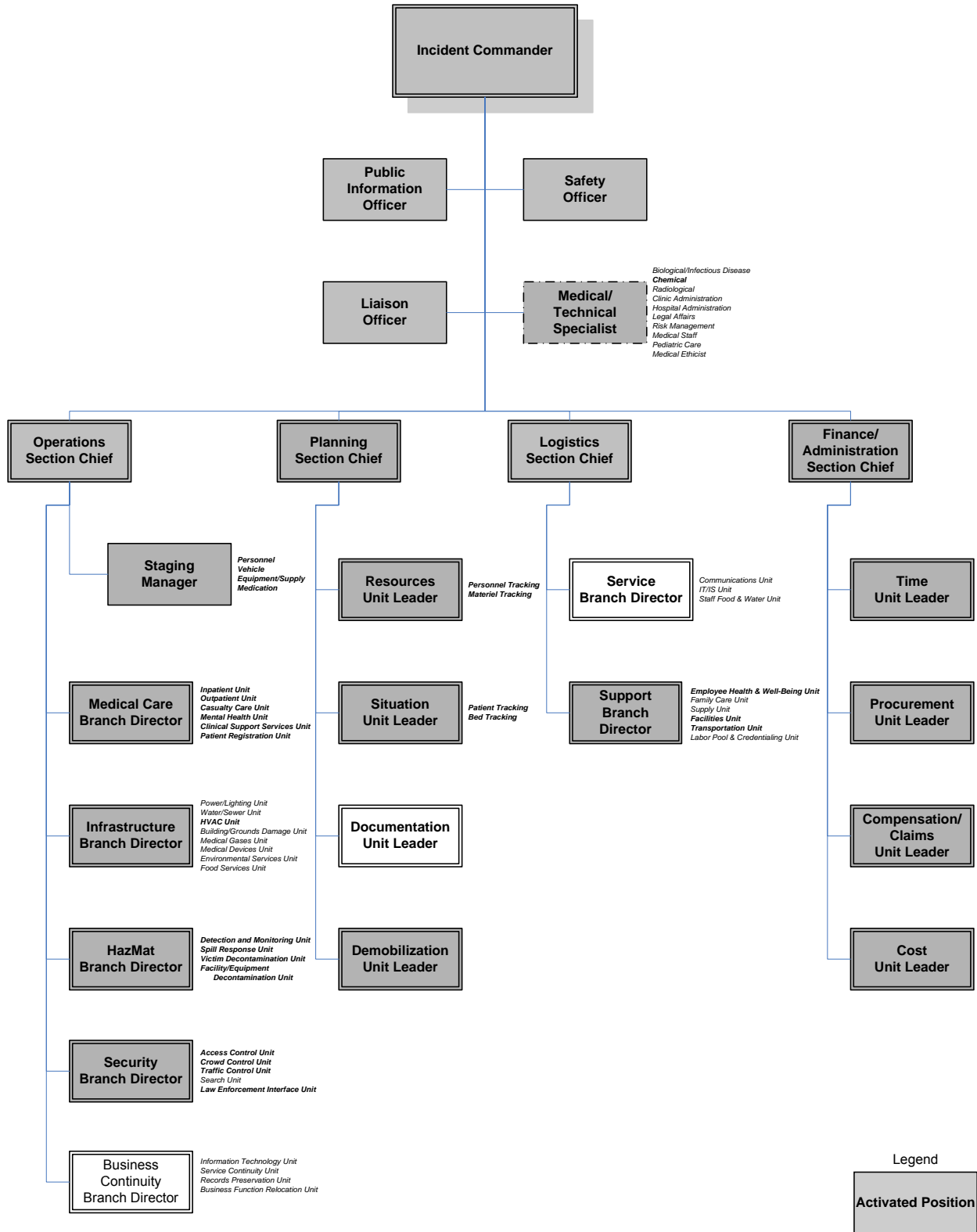
HAZARDOUS MATERIAL SPILL

INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



HAZARDOUS MATERIAL SPILL

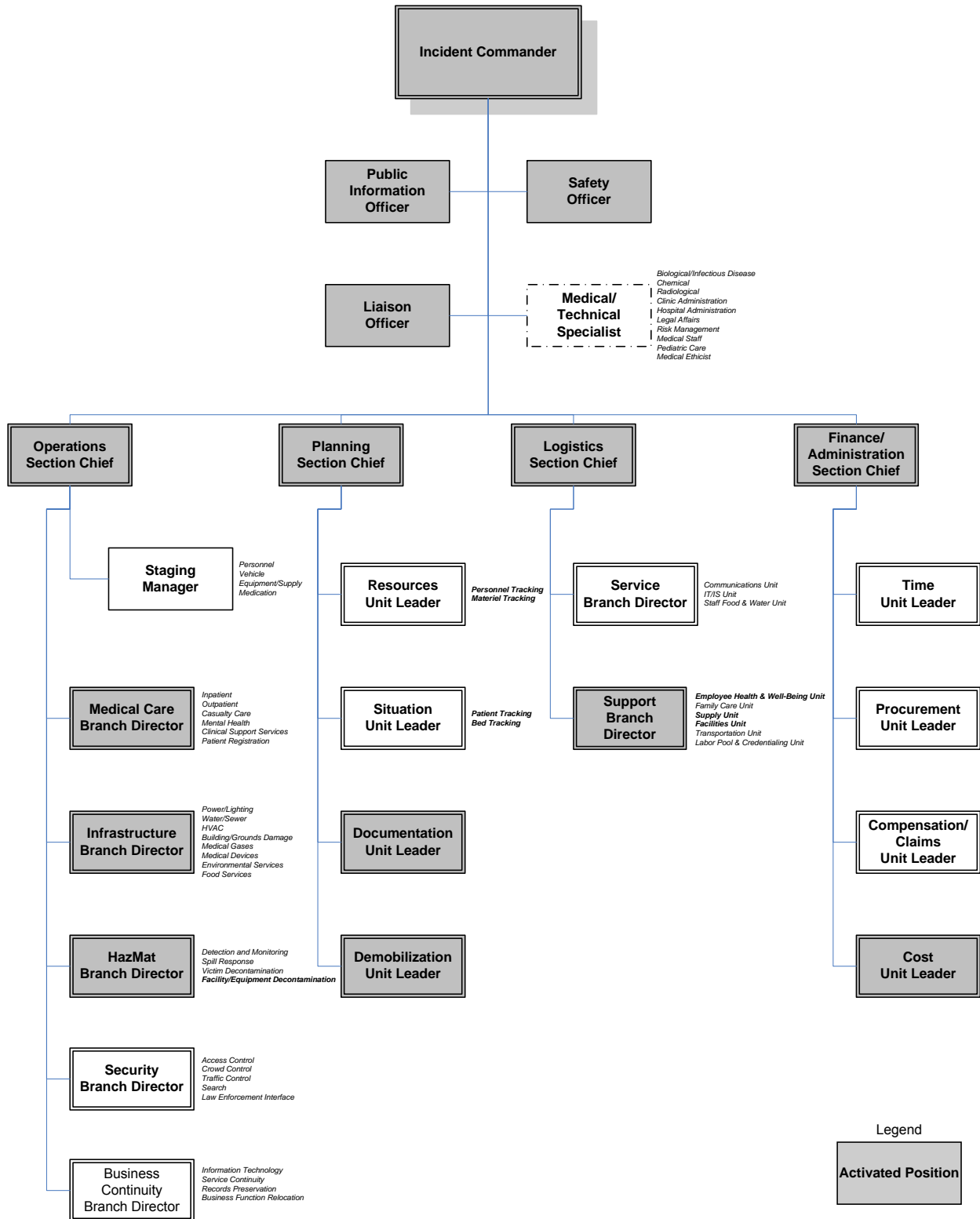
INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



HAZARDOUS MATERIAL SPILL

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION

Note: Demobilization is a gradual process, and positions should be deactivated according to the needs of the incident and progress to recovery



HOSPITAL OVERLOAD

SCENARIO

It is November, and the projections for a heavy flu season have been accurate. For the last five days, all hospital beds, including critical care, telemetry, medical-surgical, pediatrics and specialty beds have been 100% occupied. At least 75% of the Emergency Department (ED) beds are holding patients waiting to be admitted and inpatient orders are being initiated by the ED staff. Due to the high census, there are long delays in laboratory and radiology procedures, delaying patient diagnosis and treatment.

The hospital has postponed elective surgical admissions and outpatient procedures. All area hospitals are experiencing the same patient overload and therefore, ambulance diversion is not permitted. Patients continue to flow into the EDs. Staffing is impacted due to fatigue and illnesses, compounding the hospital overload.

Clinics and private physician's offices are also overwhelmed and patients are being diverted to the ED, especially after clinic or office hours. Local Public Health officials have issued health advisories encouraging ill people to seek medical care prudently and recommend self care at home measures.

Health care providers are concerned that patient care may be compromised under the current conditions. Patients and their families are complaining about the delays and are frightened about their medical care. Media inquiries about the hospital's ability to provide safe care for the community continue to overwhelm the hospital PIO. Local Public Health estimates that it will be several weeks before there is a decrease in cases. The hospital administration has been meeting regularly about the situation and implementing high census measures, as feasible. The hospital CEO orders immediate and long term activation of the Emergency Operations Plan and the Hospital Command Center.

HOSPITAL OVERLOAD

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have a hospital capacity overload plan that includes:
 - A procedure for canceling elective surgeries, procedures and clinic appointments?
 - A procedure to determine the ED saturation rate?
 - Facilitation of early discharges and transfers out of the facility?
 - A system to obtain current bed status/availability and patients waiting to be admitted?
 - A procedure to evaluate and activate ED diversion status?
 - A procedure to enforce patient discharge times and a holding area for discharged patients to wait until transportation arrives?

2. Does your hospital have a plan for prioritizing essential patient care and resources and triggers for implementing altered standards of care (austere care)?

3. Does your hospital have a continuity of operations plan for long term events?

4. Does your continuity of operations include a line of succession when administrative staff are unavailable?

5. Does your hospital maintain a database (registry) of available health care providers in your area, or know the process of requesting volunteers from local, regional or state registries (e.g., the Emergency System and Advanced Registration of Volunteer Healthcare Personnel) to supplement services?,

6. Does your hospital have a policy for the use of solicited and unsolicited volunteers that includes verification of licensure and certification?

7. Does your hospital have a plan to supplement staffing including use of registry nurses and other licensed health care professionals?

8. Does your hospital integrate planning with the local health department and emergency management to ensure coordinated response and use of resources?

9. Does your hospital have plans to supplement supplies, equipment and medications for long-term operations with communitywide, regional, state or national impact?

10. Does your hospital have a procedure for requesting resources and assistance from local emergency management agency and/or local Emergency Operations Center?

11. Does your hospital have a procedure for communicating with other hospitals and emergency medical services on hospital and ED diversion status?

12. Does your hospital have a plan to activate alternate care sites, and provide appropriate supplies, equipment and staffing to supplement patient care?

13. Does your hospital have a policy to notify local Public Health of infectious disease outbreaks?

14. Does your hospital have a plan for employee food, water and rest areas?

15. Does your hospital have agreements with other healthcare facilities to provide and share resources and information?

HOSPITAL OVERLOAD

INCIDENT PLANNING GUIDE

-
16. Does your hospital have a plan to provide dependent care for staff to ensure they will report to duty?
 17. Does your hospital have pre-scripted risk communications and situation status messages for patients, families, and staff?
-

Response & Recovery

1. Does your hospital have a procedure to efficiently and rapidly transfer patients and patient information to out of area hospitals?
 2. Does your hospital have a procedure to track patients who are transferred out of the area?
 3. Does your hospital have a process to track the costs associated with patient transfers?
 4. Does your hospital have a process to capture all costs and expenditures related to extended operations?
 5. Does your hospital have a process to facilitate rapid discharge of patients to home or alternative sites?
 6. Does your hospital have a procedure to assess employees for "fitness for duty" (e.g., temperature checks)?
 7. Does your hospital have the ability to expedite bed cleaning?
 8. Does your hospital have a process for determining the need to activate alternate care sites and provide appropriate supplies, equipment and staffing?
 9. Does your hospital have a system/process to notify EMS of alternate care sites locations and type and acuity of patients to be diverted to the alternate care site instead of hospital ED?
 10. Does your hospital have a policy for utilizing volunteer healthcare professionals, including providing an orientation to the hospital, confidentiality agreements, chain of command and supervision and assignment of duties?
 11. Does your hospital have a plan to regularly communicate with patients, families and staff about hospital status and alternate standards of care or timelines for care?
 12. Does your hospital have a plan to regularly communicate with the media, providing situation status, appropriate patient information and integrate briefings and messages with the local EOC/Joint Information Center?
 13. Does your hospital develop a demobilization plan that includes criteria for deactivation of positions and services and the return to normal operations?
 14. Does your hospital have a process to reschedule cancelled surgeries, procedures, and services in a timely but graduated manner?
-

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

Mission: To safely manage periods of limited bed capacity, facilitate the timely admission of patients, and minimize holding time in the emergency department (ED).

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Maintain current census of ED and inpatients, number waiting to be seen, waiting for admission and pending discharges
 - Activate alternate care sites
 - Provide safe and appropriate patient care
 - Communicate situation status regularly to patients, families, staff, other hospitals and local officials
 - Evaluate diversion criteria and outpatient/urgent care clinic resources
-

Immediate Actions (From Decision to Activate EOP to 2 Hours)

COMMAND

(Incident Commander):

- Activate Hospital Command Center, Command Staff and Section Chiefs, as appropriate
- Activate the Medical/Technical Specialists – Hospital Administration, Clinic Administration, Medical Staff and Pediatric Care
- Establish the operational period, incident objectives and initial Incident Action Plan

(PIO):

- Provide information to visitors and families regarding situation status and hospital measures to meet the demand
 - Activate the media staging area and provide regular briefings and updates
-

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- Establish communications with the local Emergency Operations Center to report the activation of the Emergency Operations Plan/HCC, situation status and critical issues/needs
- Contact licensing authorities for potential need to alter staff/patient ratio's, as necessary
- Communicate with local EOC and Regional Hospital Coordination Center for local, regional and state bed availability
- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity and capability
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- Ensure safety practices are being used
 - Ensure that non-traditional areas used for patient care and other services are safe and hazard free
-

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

OPERATIONS

- Activate Branch Directors and Unit Leaders and brief on the current situation
 - Activate the hospital's surge capacity plan
 - Activate alternate care sites, as appropriate
 - Review all surgeries and outpatient appointments and procedures for cancellation and/or rescheduling
 - Identify inpatients for early discharge or transfer to other facilities and direct staff to expedite discharges
 - Establish a discharge area to free beds until patient can be transported
 - Assess current staffing and project staffing needs/shortages for the next operational period and 24-48 out
 - Ensure the rapid cleaning and turn-over of patient care beds and areas to expedite discharge and admission
 - Ensure the use of appropriate personal protective equipment by staff and volunteers
 - Consider extending outpatient hours to accommodate additional patient visits
-

PLANNING

- Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander
 - Institute patient, bed, personnel and materiel tracking and project needs for the next 24-48 hours
-

LOGISTICS

- Anticipate an increased need for supplies, equipment, medications and personnel and obtain resources as appropriate
 - Ensure the operations of communication systems and IT/IS
 - Assist the Operations Section with the establishment of alternate care sites
 - Manage solicited and unsolicited volunteers
-

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

Intermediate and Extended (Operational Period 2- greater than 12 Hours)

COMMAND

(Incident Commander):

- Communicate current hospital status to CEO, Board of Directors and other appropriate internal and external officials
- Regularly update and revise initial Incident Action Plan, in collaboration with Planning Section
- Consider deploying a Liaison Officer to the local EOC

(PIO):

- Continue to provide information to visitors and families regarding situation status and hospital measures to meet the demand
- Provide regular staff situation status updates and information
- Continue to provide regular briefings and updates to the media
- Establish the patient information center, if appropriate, in conjunction with the Liaison Officer

(Liaison Officer):

- Continue regular communications with the local Emergency Operations Center to report the hospital's situation status and critical issues/needs
- Continue to communicate with local EOC and Regional Hospital Coordination Center for local, regional and state bed availability
- Continue to communicate with and update other healthcare facilities regarding:
 - Situation status
 - Surge capacity and capability
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue patient care and management activities
 - Assist with transportation of discharged/transferred patients to residences, skilled nursing facilities, alternate care sites, etc.
 - Expedite discharge medication processing and dispensing
 - Regularly reassess and reevaluate patients waiting for admission
 - Continue to review scheduled/elective procedures and surgeries for cancellation or rescheduling
 - Ensure the re-triage and observation of all patients waiting to be seen
 - Continue or implement alternate care sites
 - Consider need for and provision of alternate standards of care (austere care) and prioritization of resources
-

PLANNING

- Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs
 - Continue patient, bed, personnel and materiel tracking and reporting
 - Ensure complete documentation of actions, decisions and activities
 - Begin planning for demobilization and system recovery
-

LOGISTICS

- Continue to call in additional staff to supplement operations
 - Continue to coordinate solicited and unsolicited volunteers
 - Obtain needed supplies, equipment and medications to support patient care activities for a 72 hour period
 - Provide for food, water and rest periods for staff
 - Establish a dependent care area, as appropriate
 - Ensure the rapid investigation and documentation of injuries or employees exposed to illness and provide appropriate follow up
-

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

- Facilitate procurement of needed supplies, equipment, medications and contractors to meet patient care and facility needs
 - Track all costs and expenditures of the response and estimate lost revenues due to cancelled procedures/surgeries and other services
 - Ensure the rapid investigation and documentation of injuries or employees exposed to illness and provide appropriate follow up
-

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Establish priorities for restoring normal operations using the hospital's continuity of operations and business plans
- Approve the demobilization plan and finalize the Incident Action Plan
- Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state, and federal personnel that helped during the incident

(Public Information Officer):

- Conduct final briefings for media, in cooperation with the JIC
- Close the patient information center, if activated

(Liaison Officer):

- Communicate hospital status and final patient condition and location information to appropriate authorities (i.e., local and state public health, local EOC)

(Safety Officer): Oversee the safe and effective restoration of normal services

OPERATIONS

- Restore normal facility operations and visitation
 - Provide mental health and information about community services for patients and families
-

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

PLANNING

- Compile all documentation and forms for archiving
 - Write after-action report and improvement plan, including the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions
-

LOGISTICS

- Conduct stress management and after-action debriefings and meetings for staff
 - Monitor health status of staff exposed to infectious patients and provide appropriate medical and mental health follow up, as needed
 - Restock all supplies and medications
 - Restore/repair/replace broken equipment
 - Return borrowed equipment after proper cleaning/disinfection
 - Restore normal non-essential services (i.e., gift shop, etc.)
-

FINANCE

- Compile final response expense reports, submit to IC for approval and to appropriate authorities for reimbursement
-

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

Documents and Tools

Emergency Operations Plan, including:

- Infectious Patient Surge Plan and Alternate Care Site Plan
- Mass Prophylaxis Plan
- Risk Communication Plan
- Hospital Security Plan
- Patient/staff/equipment tracking procedures
- Behavioral health support for staff/patients procedures
- Mass Fatalities Plan

Infection Control Plan

Employee Health Monitoring/Treatment Plan

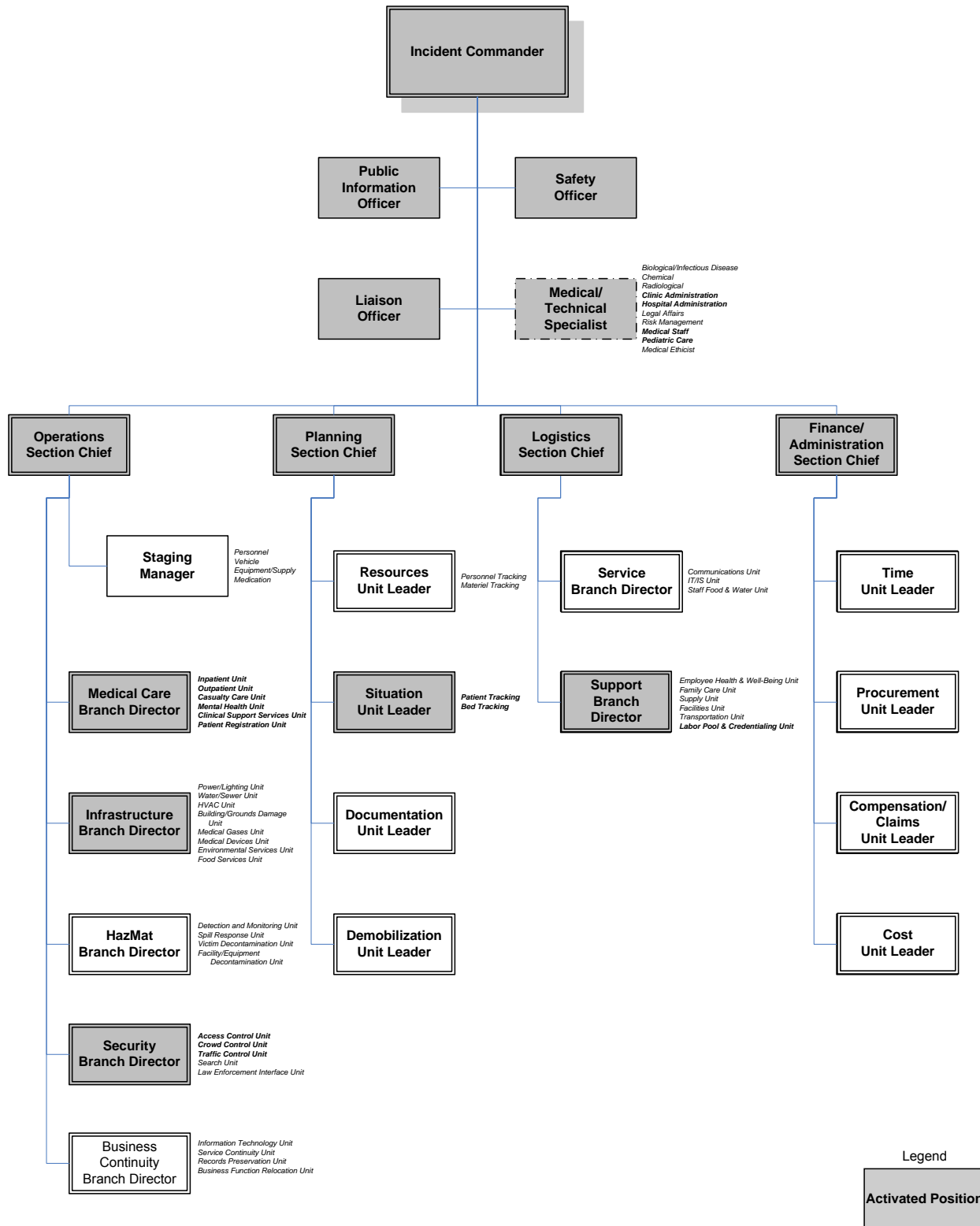
All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents

Hospital Organization Chart

Television/radio/internet to monitor news

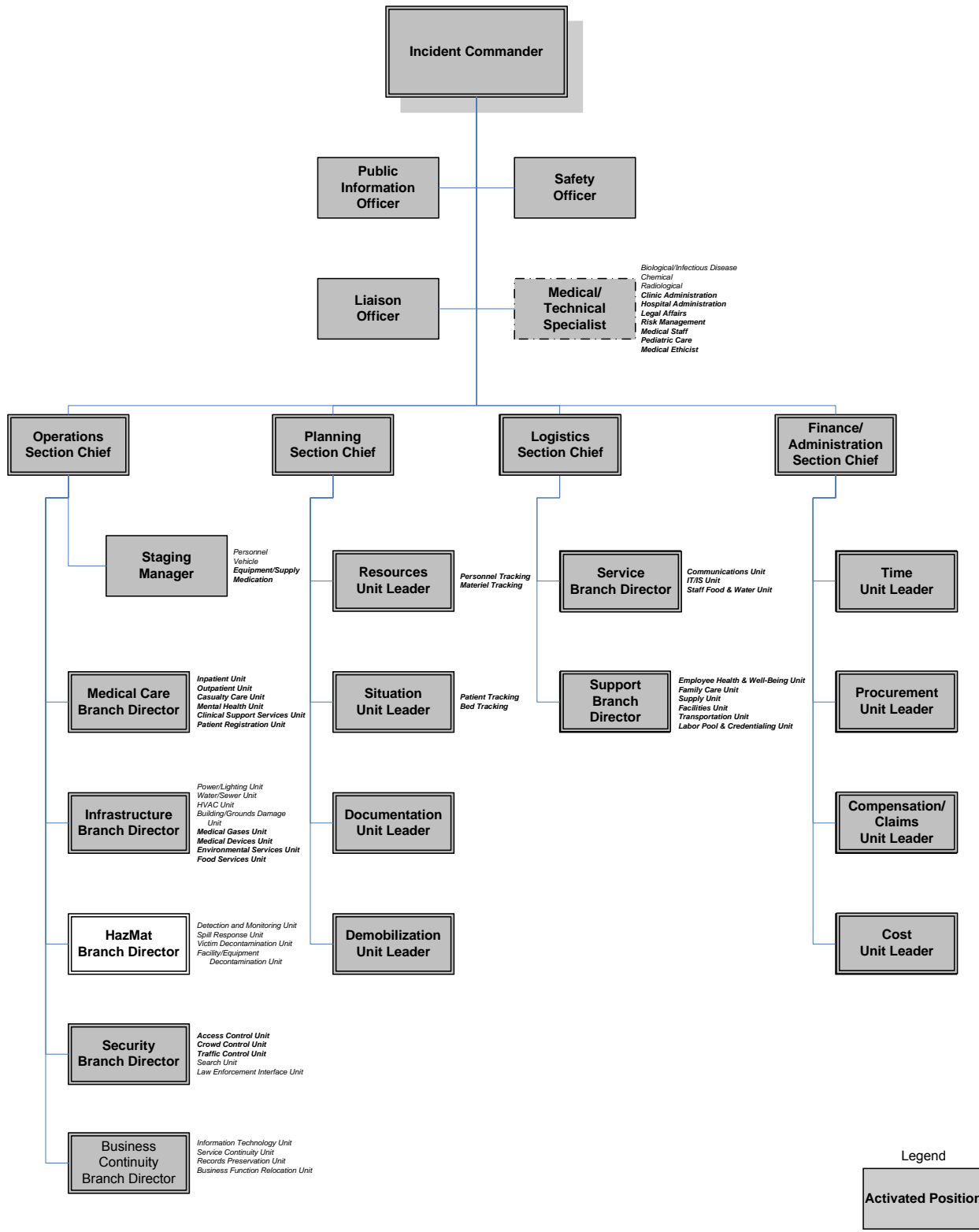
HOSPITAL OVERLOAD

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



HOSPITAL OVERLOAD

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



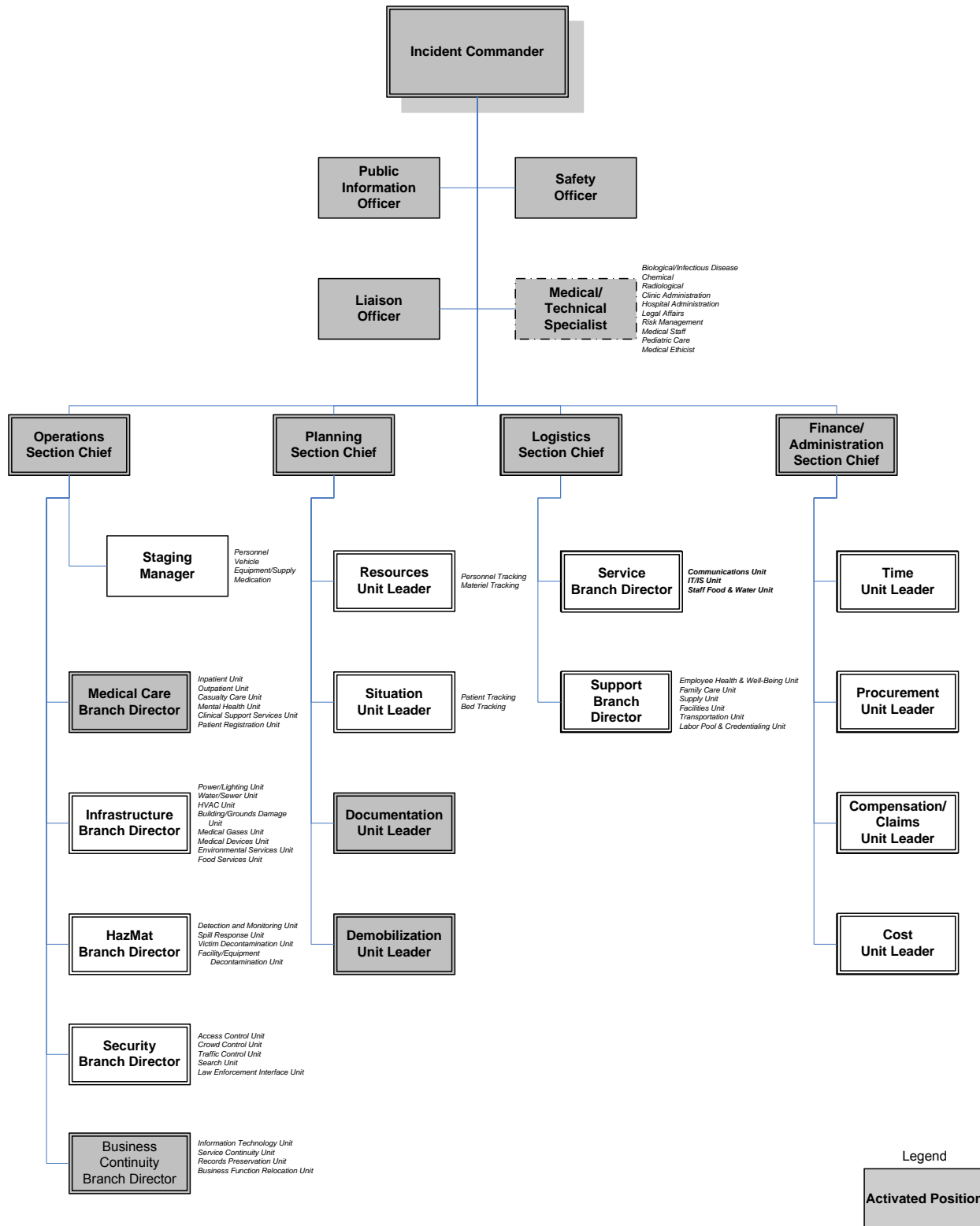
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Activated Position



HOSPITAL OVERLOAD

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION



HOSTAGE / BARRICADE

SCENARIO

Over the past two days, a patient's son has been very upset about his mother's condition. She is in the critical care unit and may die. Every day when her son comes to the facility, he is angry and demands information about his mother from doctors and nurses. The nurses are uncomfortable with his behavior, so each day when the son comes to the unit. Security is called to standby just outside of the door.

Today, the son arrives at the critical care unit and seems calmer than previous days. He goes into see his mother and becomes agitated, demanding to see the doctor immediately. The nurses attempt to calm him, but he becomes increasingly agitated, finally pulling two hand guns from his jacket and fires twice into the ceiling. The security guard rushes into the unit and the gunman shoots him in the leg. The gunman demands that staff move equipment and beds to barricade the doors and announces that he will kill anyone who gets in his way and demands to see his mother's physician.

One employee from the critical care unit escaped before the doors were barricaded and reports the incident to hospital security and administration. Local law enforcement is immediately notified of the incident and patients close to the critical care unit are evacuated to other areas of the hospital for protection. The critical care beds are full and the unit fully staffed; there are visitors at many of the bedsides.

HOSTAGE / BARRICADE

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have a process to communicate the situation to law enforcement and provide a staging area for their arrival?

2. Does your hospital have procedures to quickly obtain incident specific details (e.g., witnesses, security cameras, surveillance tapes)?

3. Does your hospital plan have a mechanism to establish a unified command with local law enforcement, SWAT and/or FBI?

4. Does your hospital have a plan to immediately evacuate patients from near-by areas for protection?

5. Does your hospital have a way to notify and provide info to staff of a situation without causing unnecessary fear?

6. Does your hospital have a policy to secure the immediate area and the facility and to restrict entrance or exit of non-essential personnel (i.e., visitors)?

7. Does your hospital have mechanism for rapid notification of public relations (Public Information Officer)?

8. Does your hospital have media contact policy limiting staff from speaking to the media without prior approval?

9. Does your hospital provide regular staff training on managing aggressive behavior and hostage situations?

Response & Recovery

1. Does your hospital have procedures for evacuation of the immediate hospital areas and to regularly reevaluate the need for further evacuation, as the incident evolves?

2. Does your hospital designate a person to liaison with arriving law enforcement and communicate with hospital officials?

3. Does your hospital incident command plan include the establishment of a unified command with local law enforcement, SWAT and/or FBI?

4. Does hospital have process to reevaluate need for further evacuation on an ongoing basis and implement safe and effective evacuation?

5. Does your hospital have mechanism to address hostage support needs (water, medications, illness/injury), under the direction of law enforcement?

6. Does your hospital plan ensure communications to the incident area?

7. Does your hospital have process for evidence collection and preservation?

8. Does your hospital have a plan to communicate the situation and provide regular updates to patient's family members, in coordination with law enforcement?

HOSTAGE / BARRICADE

INCIDENT PLANNING GUIDE

-
9. Does your hospital plan provide for the hostage family/friends to have a quiet room in secure area with support services while the incident evolves?
-
10. Does your hospital have a plan for providing mental health support and debriefing services to the hostage(s)?
-
11. Does your hospital have mechanism to provide mental health support and debriefing services hospital staff?
-
12. Does hospital have procedure to reunite hostages with family?
-
13. Does hospital have procedure to coordinate press conferences with hostages?
-
14. Does hospital have procedure to restore critical care services and reopen the unit to normal operations?
-

HOSTAGE / BARRICADE

INCIDENT RESPONSE GUIDE

Mission: To safely manage a hostage or barricade situation.

Directions

- Read this entire response guide and review incident management team chart.
 - Use this response guide as a checklist to ensure all tasks are addressed and completed.
-

Objectives

- Protect safety of staff, patients, and visitors
 - Manage the media
 - Coordinate with law enforcement and other external response agencies
 - Provide for mental health support and stress debriefing/management services to patients, staff and families
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Notify law enforcement agencies of incident and provide details, as able
- Establish a unified command with law enforcement, upon arrival
- Safely evacuate the immediate area surrounding the unit, if possible or provide security to the nearby areas
- Determine need to activate Medical/Technical Specialist – Risk Management, as appropriate

(Public Information Officer):

- Establish a media staging area in a safe and secluded location
 - Provide regular media briefings and situation status updates

(Liaison Officer):

- Establish communication with area hospitals to notify of the incident and potential need for evacuation of patients

(Safety Officer):

- Ensure the safety of patients, families, visitors and staff in non-impacted areas of the hospital
 - Collaborate with law enforcement and hospital security staff on safe evacuation of nearby areas
-

HOSTAGE / BARRICADE

INCIDENT RESPONSE GUIDE

OPERATIONS

- Suspend non-essential services
 - Secure the facility and do not allow entrance or exit of people except essential personnel
 - Evacuate the immediate area around the critical care unit, if safe to do so
 - Consider and prepare for additional gunman or perpetrators
 - Liaison with law enforcement and provide facility and utility drawings/schematics upon arrival
 - Provide space and communications systems near the unit for law enforcement operations including negotiations
 - Be prepared to maintain or shut off selective utility or HVAC systems upon the request of law enforcement
 - Ensure continuation of patient care management activities in the hospital
 - Institute ambulance diversion status; notify local EMS and ambulance providers
 - Notify family members of hostages of the situation, including staff, families and visitors
 - Prepare to render care to injured hostages and/or the perpetrator
-

PLANNING

- Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander and law enforcement
 - Implement patient tracking
-

LOGISTICS

- Prepare for mental health support needs of hostages
 - Provide mental health support for on-duty staff, patients and visitors, patients, family and staff
-

Intermediate and Extended (Operational Period 2 to Greater than 12 Hours)

COMMAND

(Incident Commander):

- Assess the impact of the situation and response on the hospital;
 - Update and revise the Incident Action Plan in conjunction with law enforcement and Planning Section Chief
 - Establish a procedure, in conjunction with local law enforcement, to provide care for hostages, when released
-

HOSTAGE / BARRICADE

INCIDENT RESPONSE GUIDE

COMMAND

(PIO):

- Continue to conduct regular media briefings as the incident evolves
- Establish a patient information center, if needed, in collaboration with Liaison Officer
- Continue to provide staff, patients and visitors with situation status updates and information

(Liaison Officer):

- Continue to communicate with local officials to provide situation updates and hospital critical issues/needs

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address
-

OPERATIONS

- Reassess evacuations and need for further evacuation
 - Continue hospital/facility security and restriction of entry and exit except for essential personnel
-
- Continue to liaison with law enforcement and provide requested supplies and services
 - Continue patient care and management operations
 - Ensure documentation of actions, decisions and activities
 - Provide ongoing victim family support
-

PLANNING

- Update and revise the Incident Action Plan
-
- Continue patient tracking, if needed
 - Plan for demobilization and system recovery
-

LOGISTICS

- Continue to supply hostage support needs (water, medications, etc.) as directed by law enforcement
 - Assess impact of ongoing incident on services
-

FINANCE

- Track costs and expenditures of response, including lost revenues
-

HOSTAGE / BARRICADE

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Ensure local law enforcement issues an “all clear” for the facility
- Oversee restoration of normal hospital operations
- Conduct immediate debriefing with law enforcement

(PIO):

- Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer):

- Notify local emergency management, fire and EMS of termination of the incident

(Safety Officer):

- Oversee the safe return to normal operations and repatriation/relocation of patients
-

OPERATIONS

- Restore normal patient care operations
 - Restore normal visitation and non-essential services
 - Facilitate clean up and repair of the critical care unit and reopening
 - Provide mental health support services to patients and patient’s families
 - Restore utilities to the unit, if needed
 - Reunite hostages with family
 - Immediately debrief staff hostages, as directed by law enforcement
-

HOSTAGE / BARRICADE

INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions
-

LOGISTICS

- Provide staff debriefing, mental health support and stress management services
 - Continue providing support to hostages, as needed
-

FINANCE/ADMINISTRATION

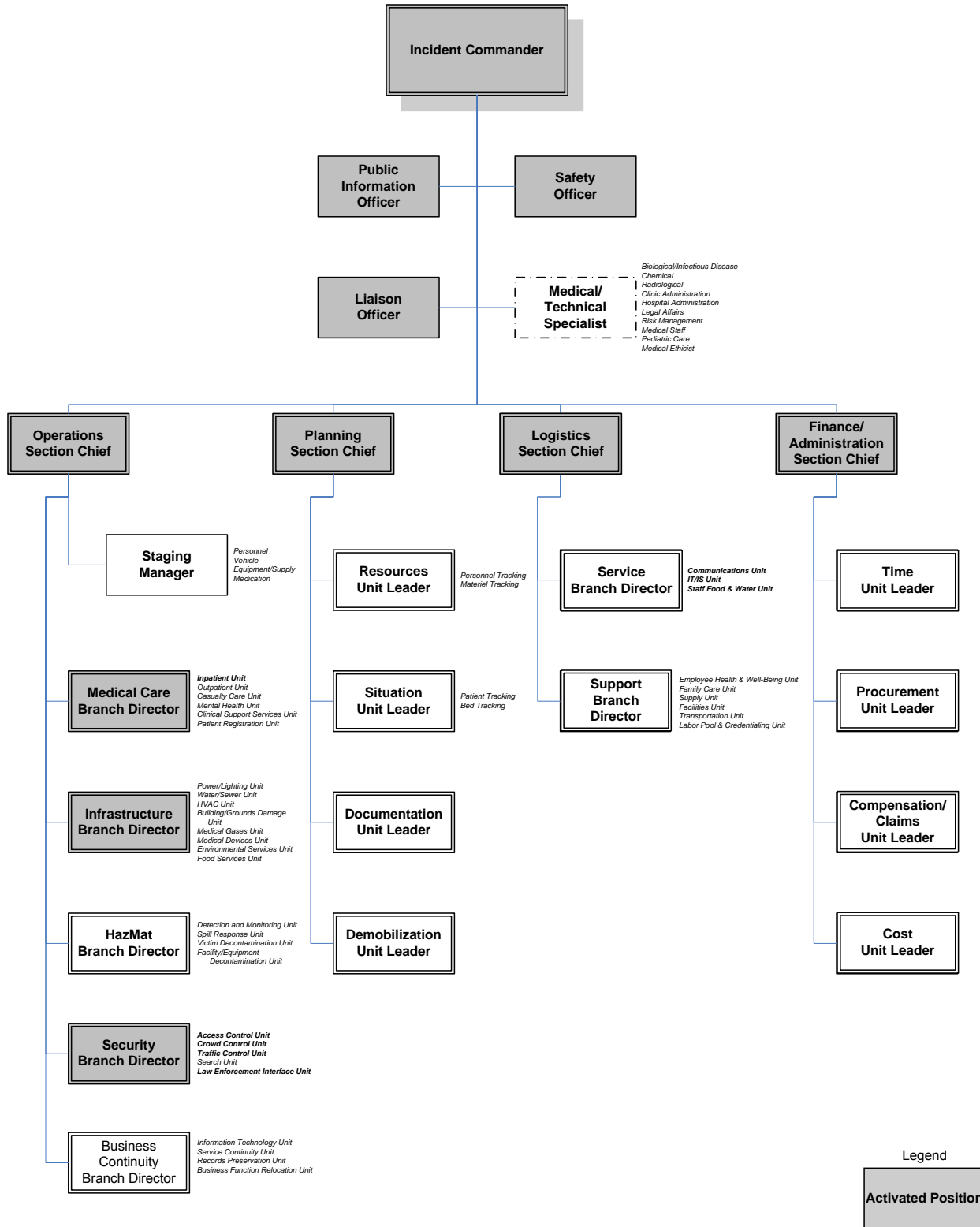
- Compile final response and recovery cost and expenditure summary and submit to the Incident Commander for approval
 - Complete documentation and follow up of personnel injury and/or line of duty death as appropriate
-

Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Evacuation Plan
 - Hospital Building and Utilities Plans
 - Fatality Management Plan
-

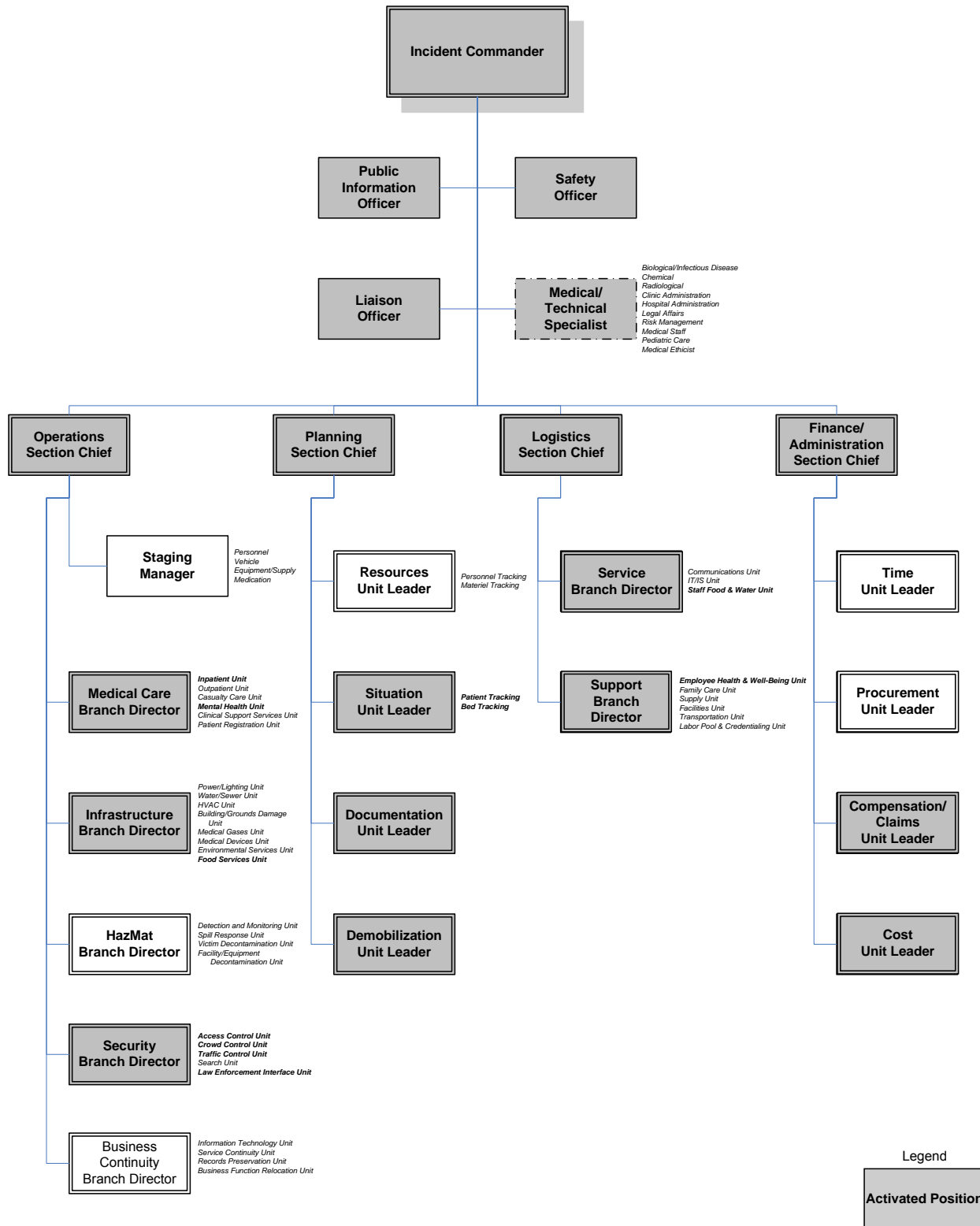
HOSTAGE / BARRICADE

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



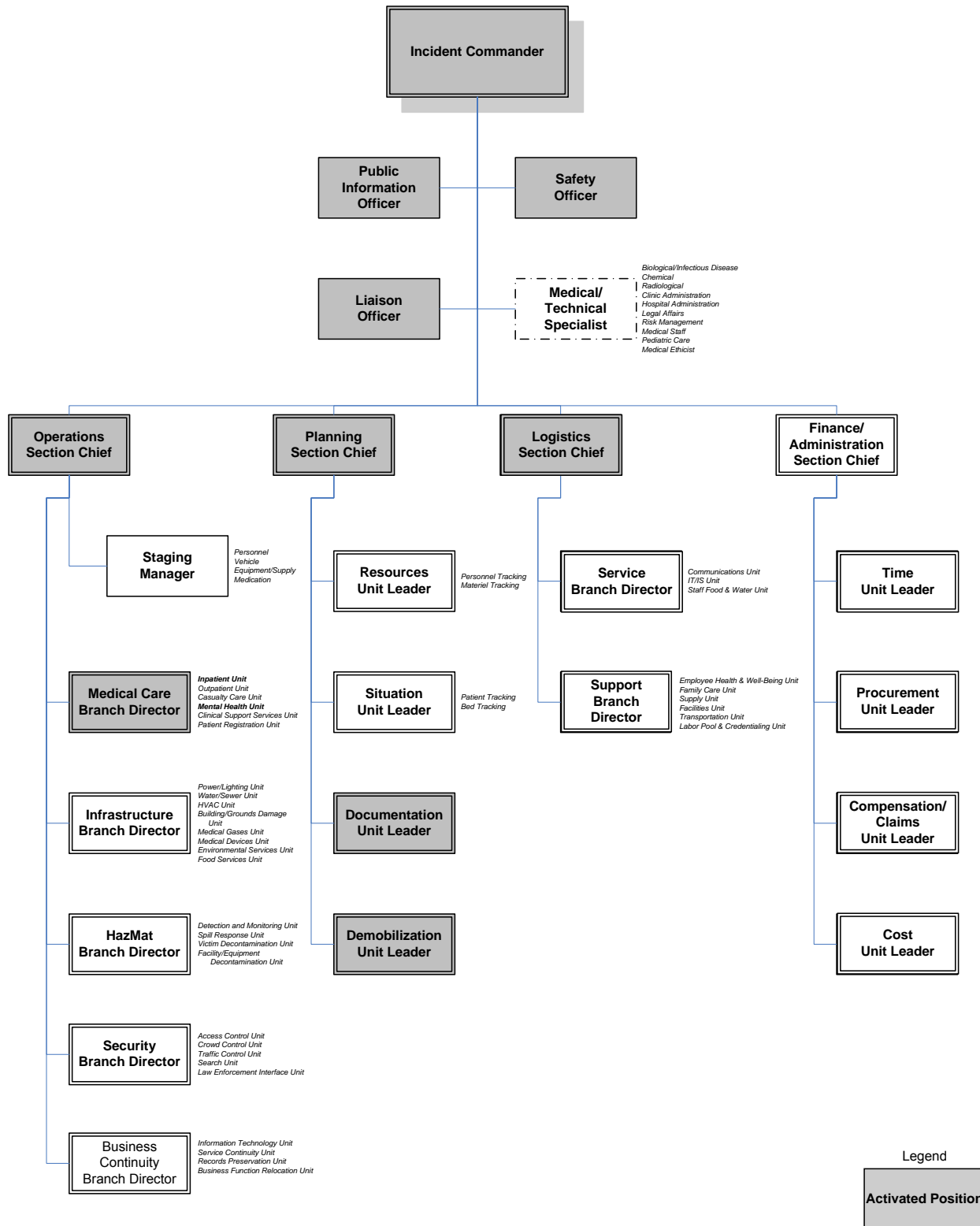
HOSTAGE / BARRICADE

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



HOSTAGE / BARRICADE

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION



INFANT/CHILD ABDUCTION

SCENARIO

A patient's mother has been visiting and helping to care for the newborn while the new mother rests. The patient's mother states she is going to the cafeteria, and indicates that her daughter and the baby are resting comfortably in their room. There is no reason for staff to be suspicious.

A short while later, the new mother contacts the nurses station asking where her mother and the baby are. Following some quick questioning the staff suspect the baby's grandmother may have taken the newborn with her as a way to "protect" her from the high-risk lifestyle of the baby's mother. The staff immediately alert the department manager and Security. The hospital operator announces a "code pink" through the hospital's overhead paging system and the infant abduction plan is activated.

INFANT/CHILD ABDUCTION

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have a system and security procedures to prevent infant/child abduction (e.g., alarm bands, secured area, patient education)?

2. Does your hospital have an infant/child abduction plan?

3. Does your hospital have a process to communicate the situation to law enforcement and provide a staging area for their arrival?

4. Does your hospital have procedures to quickly obtain incident specific details (e.g., witnesses, security cameras, surveillance tapes)?

5. Does your hospital provide infant abduction education and conduct exercises to staff?

Response & Recovery

1. Does your hospital have a process to confirm that the infant/child has been abducted?

2. Does your hospital have a procedure for immediate facility/campus lockdown?

3. Does your hospital have a procedure for monitoring the facility and campus exits, and searching all persons exiting until exhaustive search is complete and able to confirm that the suspect and infant/child are gone?

- Does your hospital have a communication plan which addresses:
 - Notifying area hospitals of the incident?
 - Internal and external alert and notification procedures?
 - Pre-scripted media messages and a fact sheet that outlines the appropriate type of information that can be provided to the media?
 - Providing timely and accurate information to staff, patients, and families?

4. Does your hospital have a procedure for monitoring the facility and campus exits, and searching all persons exiting until exhaustive search is complete and able to confirm that the suspect and infant/child are gone?

5. Does your hospital designate a person to liaison with arriving law enforcement and communicate with hospital officials?

6. Does your hospital incident command plan include the establishment of a unified command with law enforcement?

7. Does your hospital have a plan to communicate the situation and provide regular updates to the patient, in coordination with law enforcement?

8. Does your hospital have a plan to address mental health support needs for patient, family, and staff?

9. Does hospital have a procedure to reunite the infant with the patient, should the infant be located?

10. Does your hospital have a plan to establish a media briefing area and for providing regular media briefings?

INFANT/CHILD ABDUCTION

INCIDENT PLANNING GUIDE

-
11. Does your hospital immediately notify and consult with hospital legal counsel?
-
12. Does your hospital have a process to protect the privacy of impacted patients and families (e.g., changing rooms, changing names on hospital registration systems)?
-

INFANT/CHILD ABDUCTION

INCIDENT RESPONSE GUIDE

Mission: To manage and collaborate in the process of locating and recovering a lost or abducted infant or child.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Confirm that an abduction has taken place
 - Secure mother and staff involved with infant or child's care
 - Activate the Infant/Child Abduction Response Plan
 - Collaborate with law enforcement to recover the infant or child
 - Provide mental health support services to the patient and staff
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the Infant/Child Abduction Plan
- Notify law enforcement agencies of incident and provide details, as able
- Establish a unified command with law enforcement, upon arrival
- Activate appropriate Command Staff and Section Chiefs

(Public Information Officer):

- Establish a media staging area
 - Provide regular media briefings and situation status updates, releasing only information that has been approved by the hospital Incident Commander and law enforcement
 - Provide informational bulletin for current patients to notify them of the incident and the measures initiated, as appropriate
-

INFANT/CHILD ABDUCTION

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- Notify and liaison with local government officials, as needed
- Call local law enforcement to initiate an "Amber Alert"
- Call the National Center for Missing and Exploited Children, 800-THE-LOST, for assistance in handling the ongoing investigation and crisis

(Safety Officer):

- Ensure the safety of patients, families, visitors and staff during hospital search procedures
-

OPERATIONS

- Secure the facility and deny access or exit. Search any persons exiting the facility, as appropriate
 - Assign staff to conduct a floor-by-floor, door-by-door search of the facility
 - Assign a liaison to coordinate with law enforcement/FBI
 - Conduct staff and mother/family interviews to gather information and evidence, in conjunction with law enforcement
 - Provide law enforcement with photos, footprints of child, etc., if available
 - Provide additional information to staff and security about the abductor as information is available to facilitate internal search
 - Provide mental health support to the patient and other family members
-

PLANNING

- Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
-

INFANT/CHILD ABDUCTION

INCIDENT RESPONSE GUIDE

Intermediate and Extended (Operational Period 2- Greater than 12 Hours)

COMMAND

(Incident Commander):

- Update and revise the Incident Action Plan
- Ensure the continuation of normal hospital operations
- Activate Medical/Technical Specialist – Risk Management to assist with response and documentation of incident
- Continue to brief key senior management on the situation
- Appropriately report incident to state, JCAHO and other regulatory agencies as a sentinel event

(PIO):

- Continue regular media briefings and updates, in conjunction with law enforcement
- Provide situation status updates to hospital staff and patients

(Liaison Officer):

- Update local officials and other agencies, as appropriate

OPERATIONS

- If it is determined that abductor has left facility, consider releasing staff posted at doors to normal duties
- Continue to provide mental health support and physical care to the mother and family members
- Provide assurance and support to other new mothers or parents of children in the facility, regarding the safety of their infant/child
- Consider maintaining a visible security presence in the impacted department
- Re-register the mother under a fictitious name and move her room location to maintain privacy
- Ensure the continuation of normal patient care services and hospital operations
- Continue communications and collaboration with law enforcement
- Provide appropriate medical exam of infant/child, and unification with parents

PLANNING

- Revise and/or complete Incident Action Plan
-

INFANT/CHILD ABDUCTION

INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide mental health support and stress management services to department staff

FINANCE/ADMINISTRATION

- Track costs and expenditures of response

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Oversee the hospital's return to normal operations
- Ensure continued liaison and communication with law enforcement

(PIO):

- Conduct final media briefing providing situation status, appropriate patient information and termination of the incident

(Liaison Officer):

- Notify appropriate local officials of the termination of the incident

OPERATIONS

- Restore normal operations and patient care services
 - Restore normal visitation and non-essential services

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Write after-action report and corrective action plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions

INFANT/CHILD ABDUCTION

INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide ongoing mental health support and stress management services for involved employees, as needed

FINANCE/ADMINISTRATION

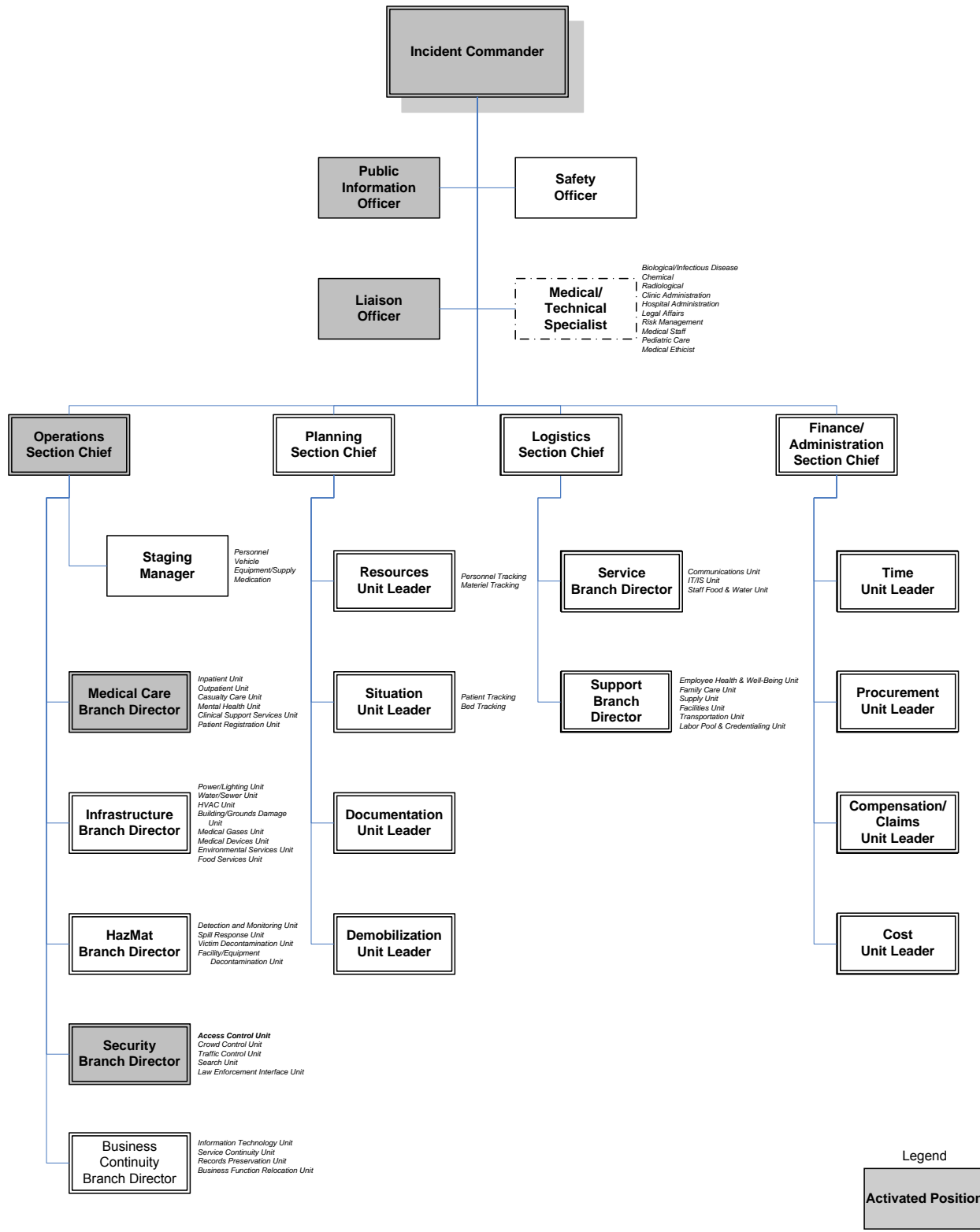
- Compile final response and recovery cost and expenditure summary and submit to the Incident Commander for approval

Documents and Tools

- Emergency Operations Plan
 - Hospital's Infant/Child Abduction Response Plan
 - Secure surveillance media (tapes or other video)
-

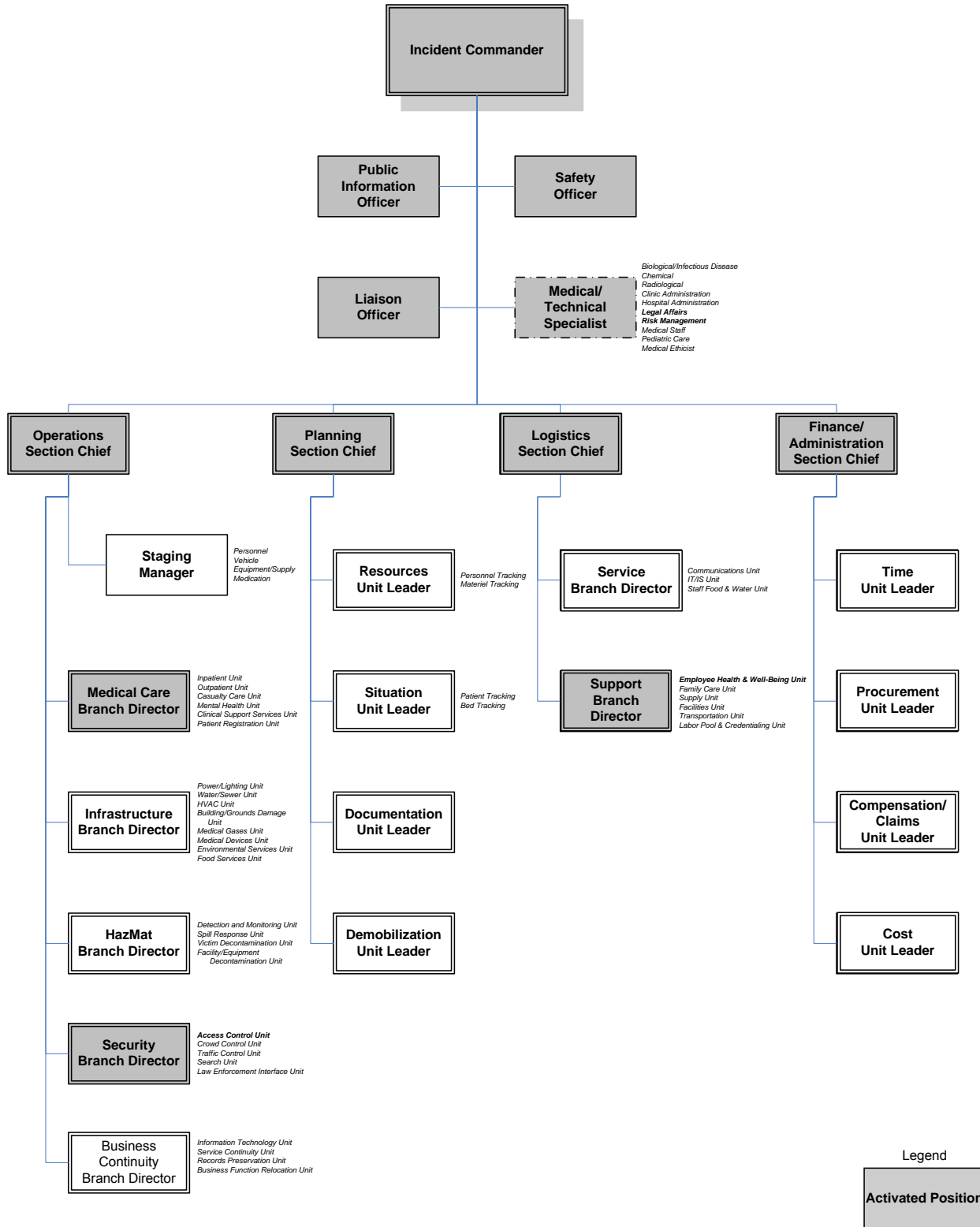
INFANT/CHILD ABDUCTION

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



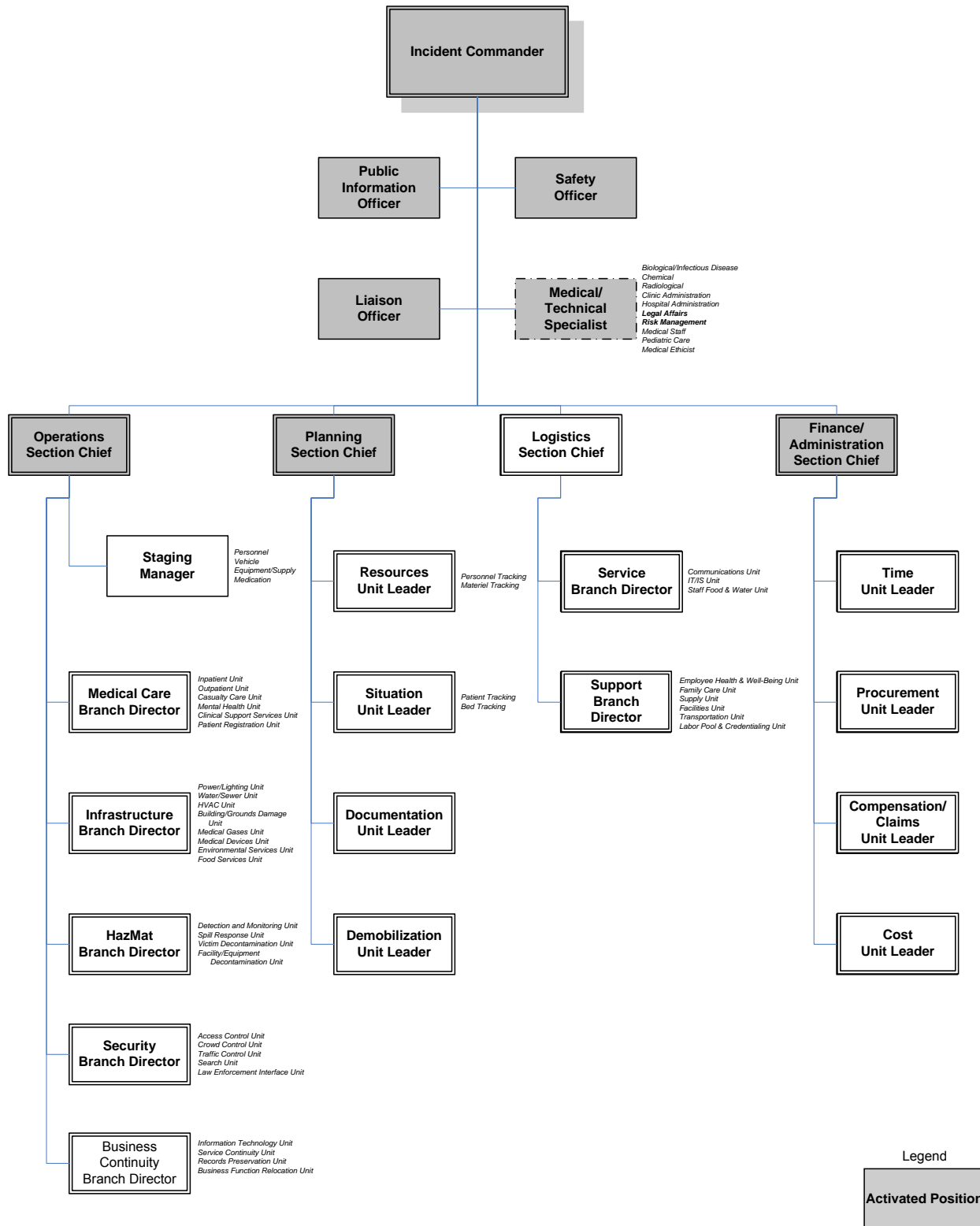
INFANT/CHILD ABDUCTION

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



INFANT/CHILD ABDUCTION

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION



INTERNAL FLOODING

SCENARIO

Heavy rains, combined with snow melt due to a recent warm period, have caused significant ground saturation and rapidly rising rivers. A nearby reservoir is overflowing the dam, and there are concerns about the dam maintaining its integrity. The weather forecast calls for steady temperatures above normal and the continued threat of more precipitation over the next seven to ten days.

The hospital grounds are saturated and there is an inflow of water onto the grounds from the street and local creeks, creating large areas of pooled, deep water in low lying areas. These areas have been cordoned off for safety. Water continues to flow onto the grounds.

With the weather report, the water levels are expected to continue to rise and cause more facility/grounds flooding. The main entrance and the entrance to the Emergency Department will soon be flooded, and require these areas to be cordoned off, patient rerouted and the ED to be relocated. Should the water levels continue to rise, there could be major flooding of the first floor of the hospital.

INTERNAL FLOODING

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have a plan to address flooding on the grounds and measures to prevent water from flowing into the facility (i.e., sandbags, pumps, etc.)?

2. Does your hospital have a plan to address possible loss of water/pressure, power failure, loss of operations due to area or facility flooding?

3. Does your hospital have procedures to communicate situation and safety information to staff and patients that are not in the flooded/potentially flooded areas?

4. Does your hospital have an evacuation plan (partial and complete)?

5. Does your hospital have an alternate staffing plan and a process to support on-duty staff should they be unable to leave the facility due to flooding?

6. Does your facility have MOUs with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles?

7. Does your facility have a plan to maintain water and sanitation systems, including providing personal hygiene/sanitation supplies (i.e., hand wipes, portable toilets, potable water)?

8. Does your hospital have procedures to maintain communications and activate internal and external auxiliary communications systems, if needed?

9. Does your hospital have criteria for and a plan to cancel non-essential patient care services (i.e., surgeries, outpatient procedures, etc.)?

10. Does your hospital have criteria for and a plan to close non-essential hospital services (i.e., gift shop)?

11. Does your hospital consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?

12. Does your hospital regularly monitor pre-event weather forecasts and projections?

13. Does your hospital participate in pre-event local response planning with emergency management officials?

14. Does your hospital identify and/or have MOUs with contractors that can perform repairs after the flooding?

15. Does your hospital have plans to protect or recover lost data or wet/damaged documents?

Response & Recovery

1. Does your hospital have a procedure to regularly update the local EOC of operational status?

2. Does your hospital have procedures to perform damage assessment (interior and exterior), report damage to the HCC and initiate appropriate repairs during and after the storm(s) and flooding of the facility?

INTERNAL FLOODING

INCIDENT PLANNING GUIDE

-
3. Does your hospital have a plan and procedures to ensure continuation of patient care services?

 4. Does your hospital have a criteria or triggers to move patients from flooded areas to other locations within the facility?

 5. Does your facility have a procedure to communicate with area hospitals to determine their capacity to accept transferred patients?

 6. Does your hospital have procedures for providing regular situation updates and safety recommendations to staff, patients and families?

 7. Does your hospital have procedures to provide regular media briefings?

 8. Does your hospital have plans for decontamination and clean-up of the facility including bacteriological surveillance and potable water supply sanitation?

 9. Does your hospital have plans for restoration of critical infrastructure (e.g. electrical, heating, cooling systems, HVAC, vacuum tube, etc.)?

 10. Does your hospital have demobilization and system recovery plan?

 11. Does your hospital have procedures to repatriate evacuated patients/staff/equipment?

 12. Does your hospital have procedures for documentation and tracking of response expenses?

 13. Does your hospital have criteria and procedures to return to normal operations?

 14. Does your hospital have procedures to ensure all necessary equipment is usable and safety checked, equipment and supplies are reordered, and repaired and replaced, as warranted?

 15. Does your hospital have procedures to complete expense reports and submit to appropriate authorities?

 16. Does your hospital have procedures to debrief staff, patients, and community partners?

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE

Mission: To safely manage an internal flooding incident within a hospital.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Prevent facility flooding
 - Protect patients, staff and facility
 - Ensure safe patient care and medical management
 - Evacuate the facility (partial or complete) as needed
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate

(Liaison Officer):

- Notify local emergency management of situation and immediate actions
- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Public Information Officer):

- Inform staff, patients and families of situation and actions underway to prevent/limit flooding
- Prepare media staging area in a safe locations
- Conduct regular media briefings, in collaboration with the local EOC/Joint Information Center

(Safety Officer):

- Conduct safety assessment of low lying flooded areas and assess risks and impacts to patients, staff and facility
-

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE

OPERATIONS

- Activate the hospital's Internal Flooding Plan
 - Ensure continuation of patient care and essential services
 - Consider partial or complete evacuation of the facility, or relocation of patients and services into safe areas of the facility
 - Ensure the operations of alternate power supplies (i.e., back up generators)
 - Maintain communications systems, activate alternate communications systems, as needed
 - Evaluate the flooded area(s) and identifying safety issues
 - Institute measures to prevent flooding and protect facility resources, as appropriate
 - Secure the facility and limit access and egress
 - Implement business continuity planning and protection of patient records
-

PLANNING

- Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Implement patient and staff tracking, as appropriate
-

LOGISTICS

- Assess facility damage and project impacts of rising flood waters on the facility
 - Maintain utilities and activate alternate systems as needed
-

Intermediate (Operational Period 2-12 Hours)

COMMAND

(PIO):

- Establish a patient information center in coordination with the Liaison Officer to notify patient families of situation and patient locations

(Liaison Officer):

- Notify local emergency management and EOC of situation status, critical needs and plans for evacuation, if appropriate
-

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue essential patient care management and services
 - Initiate clean up operations, as appropriate
 - Reassess need for or prepare for evacuation
 - Continue to maintain utilities
 - Provide mental health support to patients and families, as needed
 - Continue to secure the facility, including unsafe areas
 - Activate business continuity plans, including protection of records and possible relocation of business functions
-

PLANNING

- Continue patient and personnel tracking, as needed
 - Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs
-

LOGISTICS

- Continue to evaluate facility integrity and safety of flooded areas
 - Initiate clean up as appropriate
-

FINANCE/ADMINISTRATION

- Track costs and expenditures and estimate cost of facility damage and lost revenue
 - Initiate documentation of any injuries or facility damage
 - Facilitate the procurement of supplies, equipment and medications and contracting for facility clean up or repair
-

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE

Extended (Operations/EOC Activation Beyond 12 Hours)

COMMAND

(Incident Commander):

- Update and revise the Incident Action Plan and prepare for demobilization
- Continue to update internal leaders on the situation status

(PIO):

- Continue with briefings and situation updates with staff, patients and families
- Continue patient information center operations, in collaboration with Liaison Officer

(Liaison Officer):

- Continue to notify local EOC of situation status
- Continue patient information center operations, in collaboration with PIO

(Safety):

- Continue to evaluate flooded areas and facility integrity for safety and take immediate corrective actions
-

OPERATIONS

- Continue essential patient care management and services
 - Continue repair and clean up operations, as appropriate
 - Continue evacuation of the facility, if implemented
 - Ensure the transfer of patient's belongings, medications and records, when evacuated
 - Continue to maintain utilities
 - Continue to secure the facility, including unsafe areas
 - Continue business continuity activities and relocation of business services, if appropriate
 - Prepare for demobilization and system recovery
-

PLANNING

- Revise and update the incident action plan
 - Initiate demobilization plan and plan for system recovery
-

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide supplemental staffing as needed
- Continue to evaluate facility damage and integrity and initiate clean up and repair activities

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures
- Continue to facilitate contracting for facility repair and clean up

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Determine hospital status and declare termination of the incident

(Liaison Officer):

- Communicate final hospital status and termination of the incident to local EOC, area hospital and officials

- Assist with the repatriation of patients transferred

(PIO):

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer):

- Ensure facility safety and restoration of normal operations
- Ensure facility repairs are completed, in conjunction with the Operations and Logistics Sections

OPERATIONS

- Restore normal patient care operations
 - Ensure restoration of utilities and communications
 - Complete a facility damage report, progress of repairs and estimated timelines for restoration of facility to pre-event condition
-

INTERNAL FLOODING

INCIDENT RESPONSE GUIDE

PLANNING

- Complete a summary of operations, status, and current census
- Conduct after-action reviews and debriefings
- Develop the after-action report and improvement plan for approval by the Incident Commander

LOGISTICS

- Restock supplies, equipment, medications, food and water
- Ensure communication and IT/IS operations return to normal
- Provide stress management and mental health support to staff

FINANCE/ADMINISTRATION

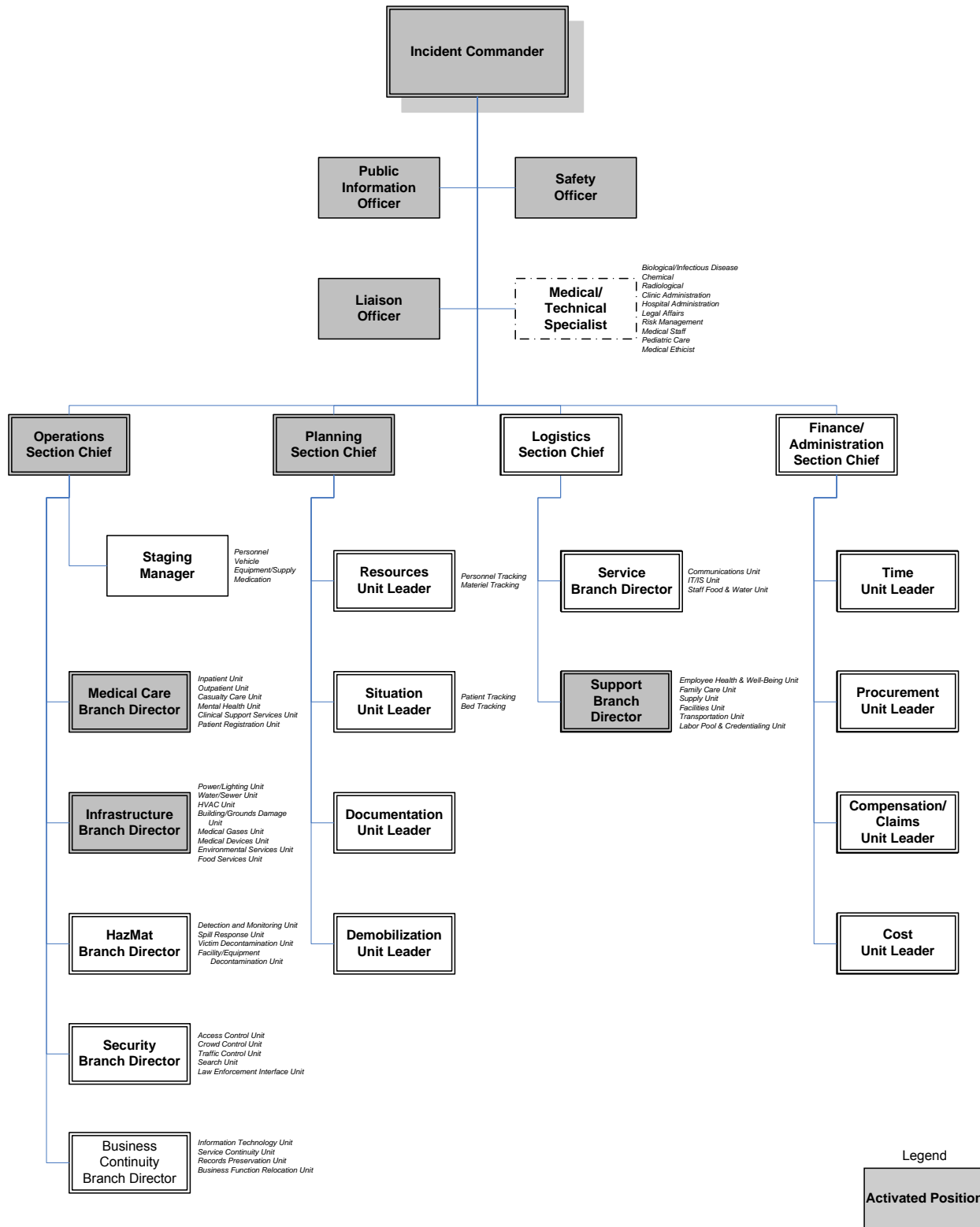
- Compile a final report of response and facility repair costs for approval by the Incident Commander
- Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event
- Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Evacuation Plan
 - Flood Response Plan
 - Utility Failure Plans
 - Facility and Departmental Business Continuity Plans
-

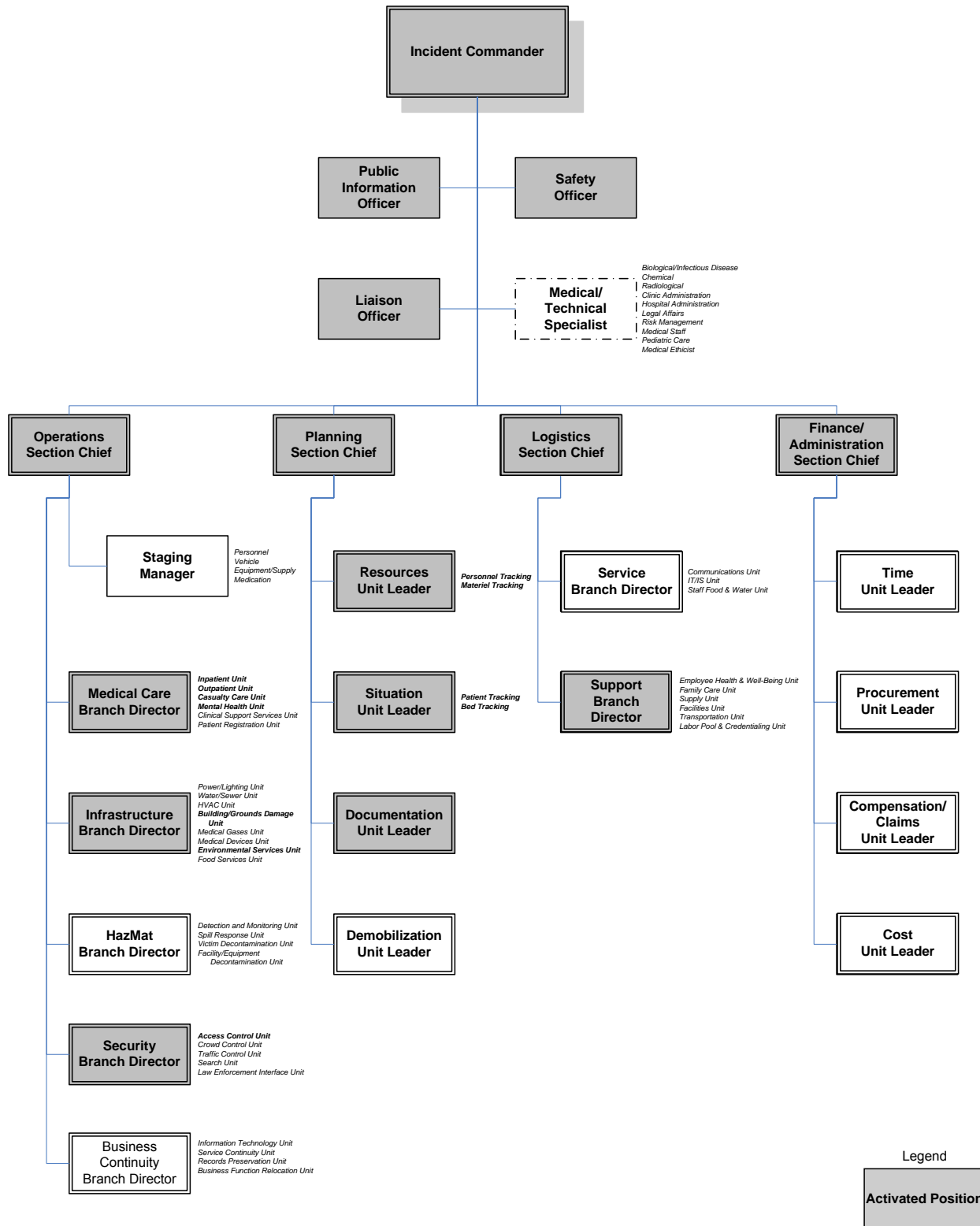
INTERNAL FLOODING

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



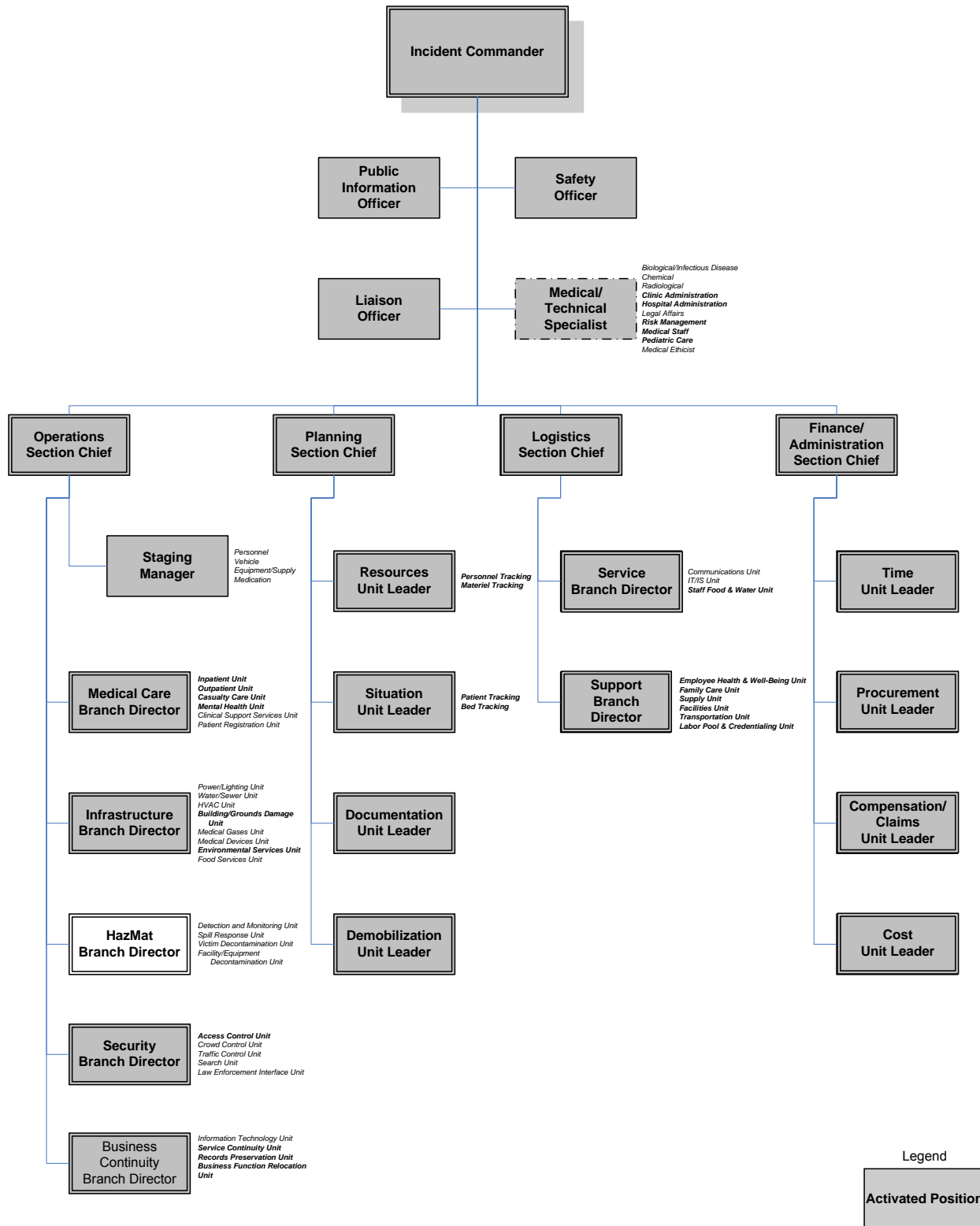
INTERNAL FLOODING

INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



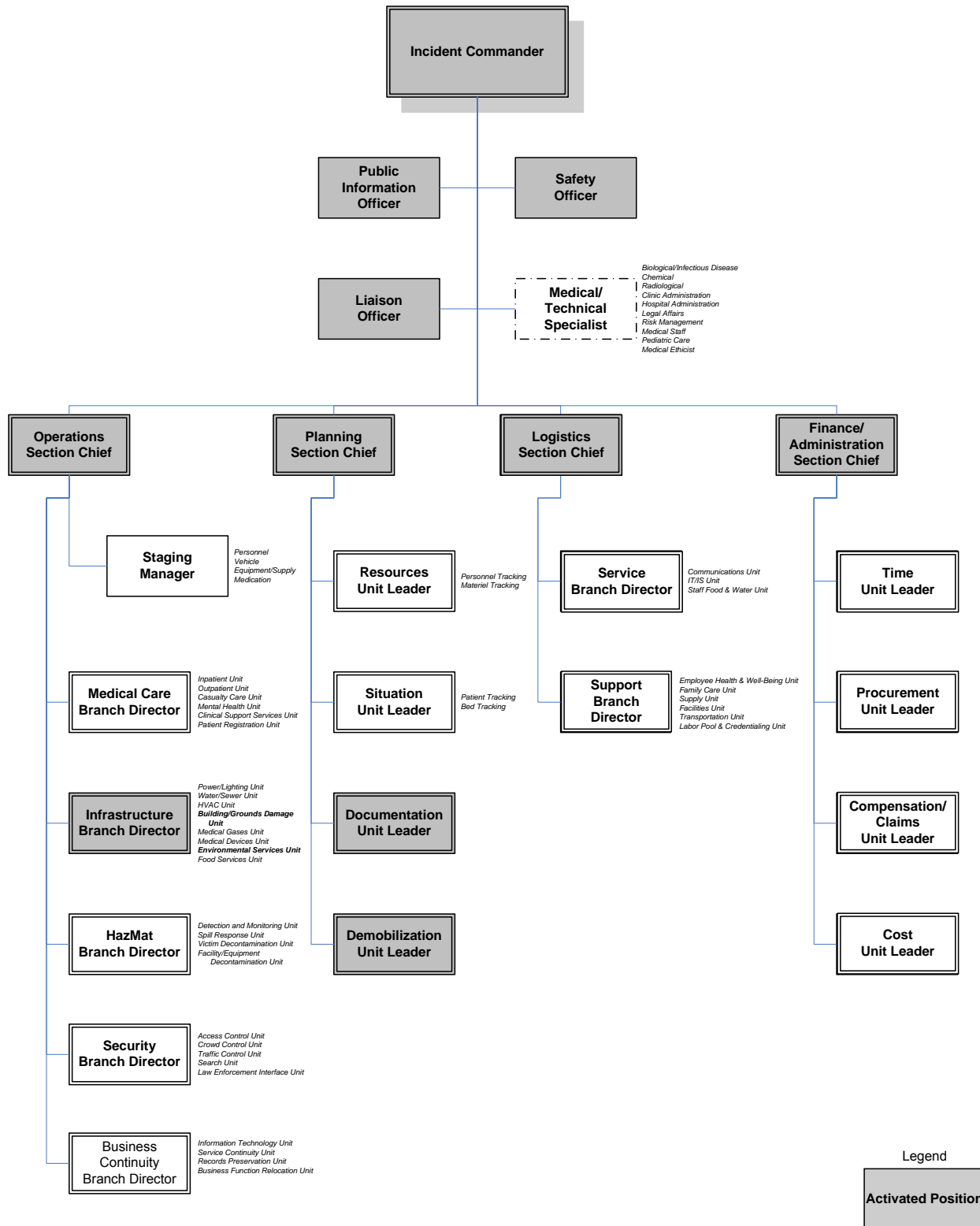
INTERNAL FLOODING

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



INTERNAL FLOODING

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION



LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

SCENARIO

There has been a recent heat wave over the last week and the weather forecast for today is a sunny 98 degrees with 85% humidity. Your hospital census is 90% and you have seen an increase in patients presenting to the Emergency Department with heat related illnesses, many are elderly patients that do not tolerate the heat well. The HVAC system is operating at maximum capacity. At 1:00 pm, a dust fire breaks out in the blower housing of the HVAC system. The fire is quickly extinguished but smoke permeates through the air/heat vents, resulting in burning of eyes and minor respiratory symptoms in patients, staff and visitors in the immediate areas. The HVAC system is shut down and there is no air-conditioning or negative pressure in isolation rooms. Staff and patients open windows and doors, as they are able, to clear out the smoke.

Within the hour, the internal hospital temperature is heating up, and fans are deployed throughout the facility, including patient rooms. However, the hospital does not have enough fans for the entire facility. There is one infectious patient in an isolation room and negative pressure is no longer available. Surgeries and elective procedures are cancelled.

Engineering/Plant Operations reports that a new HVAC blower housing has been ordered but will not arrive for at least 48 hours. It will require at least six hours for installation.

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital regularly evaluate the HVAC systems during high use/demand periods to ensure continued service and prevent failure?

2. Does your hospital Emergency Management Plan include triggers or criteria for activation of the Emergency Operations plan and the Hospital Command Center?

3. Does your hospital have a plan to address loss of HVAC systems that includes measures to temporarily cool the facility and protect patients, staff and visitors?

4. Does your hospital have a protocol to immediately assess patient conditions and prioritize those at most risk for heat related injuries?

5. Does your hospital have a plan to determine the need for partial or complete evacuation of the facility to protect patients and staff?

6. Does your hospital have procedures to rapidly replace air filters (e.g. HEPA) within the HVAC system?

7. Does your hospital have contracts with vendors and/or HVAC contractors for emergency repairs and immediate response?

8. Does your hospital have a protocol to notify local emergency management, public health department EMS, ambulance providers and other area hospitals of the situation and possible need to evacuate?

9. Does your hospital have procedures to communicate situation and safety information to staff, patients and families?

10. Does your hospital have procedures to evaluate need for and obtain additional staff?

11. Does your hospital have procedures for establishing media staging area and for providing regular press briefings on hospital status?

Response & Recovery

1. Does your hospital have procedures to assess extent and possible duration of loss of HVAC?

2. Does your hospital have a process to evaluate the short and long-term impact of the loss the HVAC on the patients, staff and facility?

3. Does your hospital have a process to determine the need for canceling elective procedures and surgeries and other non-essential hospital services?

4. Does your hospital have criteria and a process to determine the need for complete or partial evacuation of the facility?

5. Does your hospital have a process to assess patients for early discharge to decrease patient census?

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT PLANNING GUIDE

-
6. Does your hospital have the capability to provide temporary negative pressure isolation (e.g., portable filtration)?

 7. Does your hospital have a plan to provide staff information on the situation and temporary measures to implement to protect patients and visitors (i.e., fans, cooling measures, hydration, etc.)?

 8. Does your hospital have procedures to notify patient's family members of the situation?

 9. Does your hospital have a process to curtail or cancel non-essential functions (e.g., meetings, conferences, gift shop, etc.)?

 10. Does your hospital have a process to determine the need to limit patient visitation?

 11. Does your hospital have a plan to document actions, decisions and activities and track response expenses and lost revenues?

 12. Does your hospital have procedures to monitor and revise facility repair plan, as appropriate?

 13. Does your hospital have procedures to provide accurate and timely briefings to staff, patients, families, and area hospitals during extended operations?

 14. Does your hospital plan for demobilization and system recovery during response?

 15. Does your hospital have a plan to conduct regular media briefings, in collaboration with the local emergency management agency and/or other responders?

 16. Does your hospital have procedures for restoring normal facility visitation, and non-essential service operations (e.g., gift shop, conferences, etc.)?

 17. Does your hospital have procedures for repatriation of patients that were transferred or evacuated?

 18. Does your hospital have procedures to document patient, visitor and staff injuries?

 19. Does your hospital have procedures for after action reporting and developing an improvement plan?
-

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT RESPONSE GUIDE

Mission: To safely manage the loss of HVAC within the hospital.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Identify the extent and duration of the loss of HVAC
 - Protect patient, family, staff and facility
 - Minimize the impact of the loss of HVAC on patients and staff and consider evacuations
 - Communicate situation status and updates to staff, patients, visitors and facility
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate

(Liaison Officer):

- Notify local emergency management of situation and immediate actions
 - Notify local EMS and ambulance providers about the situation and possible need to evacuate
 - Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
 - Contact the Regional Hospital Coordination Center, if exists, to notify about the situation and request assistance with patient evacuation destinations
-

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT RESPONSE GUIDE

COMMAND

(Public Information Officer):

- Inform staff, patients and families of situation and actions underway to cool the facility and protect life
- Prepare media staging area in a safe locations
- Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer):

- Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks
-

OPERATIONS

- Assess patients for risk and prioritize care as appropriate
 - Implement alternate cooling measures for the patients, perishable supplies and the facility
 - Secure the facility and implement limited visitation policy
 - Assess the HVAC system and prepare a plan and timeline for repair and restoration of service
 - Ensure continuation of patient care and essential services
 - Consider partial or complete evacuation of the facility, or relocation of patients and services within the facility
 - Maintain communications systems and other utilities
-

PLANNING

- Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Implement patient and personnel tracking, as appropriate
-

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT RESPONSE GUIDE

LOGISTICS

- Assess HVAC system damage and project impacts of heat on the facility, equipment and perishables
 - Maintain other utilities and activate alternate systems as needed
 - Investigate and provide recommendations for rental of portable HVAC units
 - Investigate and provide recommendations for rental of portable filtration such as HEPA units and temporary isolation capability
 - Identify needed replacement air filters (e.g. HEPA) for HVAC system
 - Provide for water, food and rest periods for staff
 - Monitor staff for heat related injuries and provide appropriate follow up
 - Obtain supplemental staffing, as needed
 - Prepare for transportation of evacuated patients
-

Intermediate and Extended (Operational Period 2 to Greater than 12 Hours)

COMMAND

(Incident Commander):

- Update and revise the Incident Action Plan and prepare for demobilization
- Continue to update internal officials on the situation status
- Monitor evacuation, if activated

(PIO):

- Continue with briefings and situation updates with staff, patients and families
- Continue patient information center operations, in collaboration with Liaison Officer

(Liaison Officer):

- Continue to notify local EOC of situation status, critical issues and request assistance, as needed
- Continue patient information center operations, in collaboration with PIO
- Continue communications with area hospitals and facilitate patient transfers

(Safety):

- Continue to evaluate facility operations for safety and hazards and take immediate corrective actions
-

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue evaluation of patient and visitors for heat impacts and maintain cooling measures
- Cancel elective surgeries and procedures
- Prepare the staging area for patient transfer/evacuation
- Initiate ambulance diversion procedures
- Continue or implement patient evacuation
- Ensure the transfer of patient's belongings, medications and records upon evacuation
- Continue evaluation and provision of temporary HVAC systems and portable filtration units
- Ensure facility security and restricted visitation
- Ensure provision of water and food to patients, visitors and families
- Continue to maintain other utilities
- Monitor patients for adverse affects of heath and psychological stress
- Institute HVAC repairs and services
- Prepare demobilization and system recovery plan

PLANNING

- Continue patient, bed and personnel tracking
- Update and revise the Incident Action Plan
- Plan for repatriation of patients
- Prepare demobilization and system recovery plan
- Ensure documentation of actions, decisions and activities

LOGISTICS

- Continue provision of portable HVAC units and filtration systems
 - Continue to provide staff for patient care and evacuation
 - Monitor staff for adverse affects of heath and psychological stress
 - Monitor, report, follow up on and document staff or patient injuries
 - Continue to provide transportation services for internal operations and patient evacuation
-

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures and lost revenue
 - Continue to facilitate contracting for facility repair and clean up
-

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Determine hospital status and declare restoration of HVAC services and termination of the incident

(Liaison Officer):

- Communicate final hospital status and termination of the incident to local EOC, area hospital and officials
- Assist with the repatriation of patients transferred

(PIO):

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer):

- Ensure facility safety and restoration of normal operations
 - Ensure facility repairs are completed, in conjunction with the Operations and Logistics Sections
-

OPERATIONS

- Restore normal patient care operations
 - Ensure restoration of HVAC services and negative pressure isolation rooms
 - Repatriate evacuated patients
 - Discontinue ambulance diversion and visitor limitations
-

LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Conduct after-action reviews and debriefing
 - Write after-action report and corrective action plan for approval by the Incident Commander to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
-

LOGISTICS

- Restock supplies, equipment, medications, food and water
 - Ensure communication and IT/IS operations return to normal
 - Replace all damaged or soiled air handling filters (e.g. HEPA)
 - Provide stress management and mental health support to staff
-

FINANCE/ADMINISTRATION

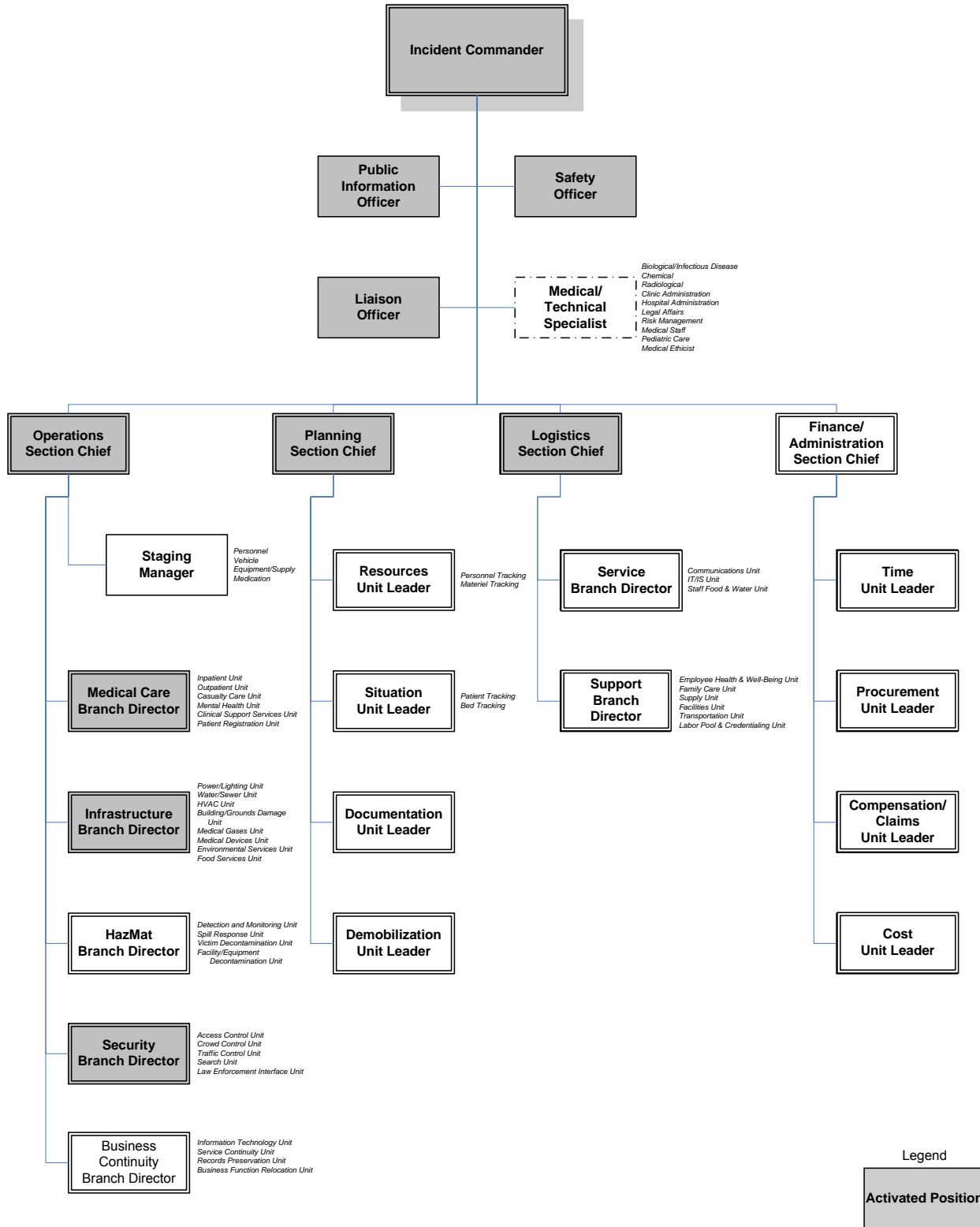
- Compile a final report of response and facility repair costs for approval by the Incident Commander
 - Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures
-

Documents and Tools

- Hospital Internal Utility Failure Plan
 - Emergency Operations Plan
 - Facility Evacuation Plan (as needed)
-

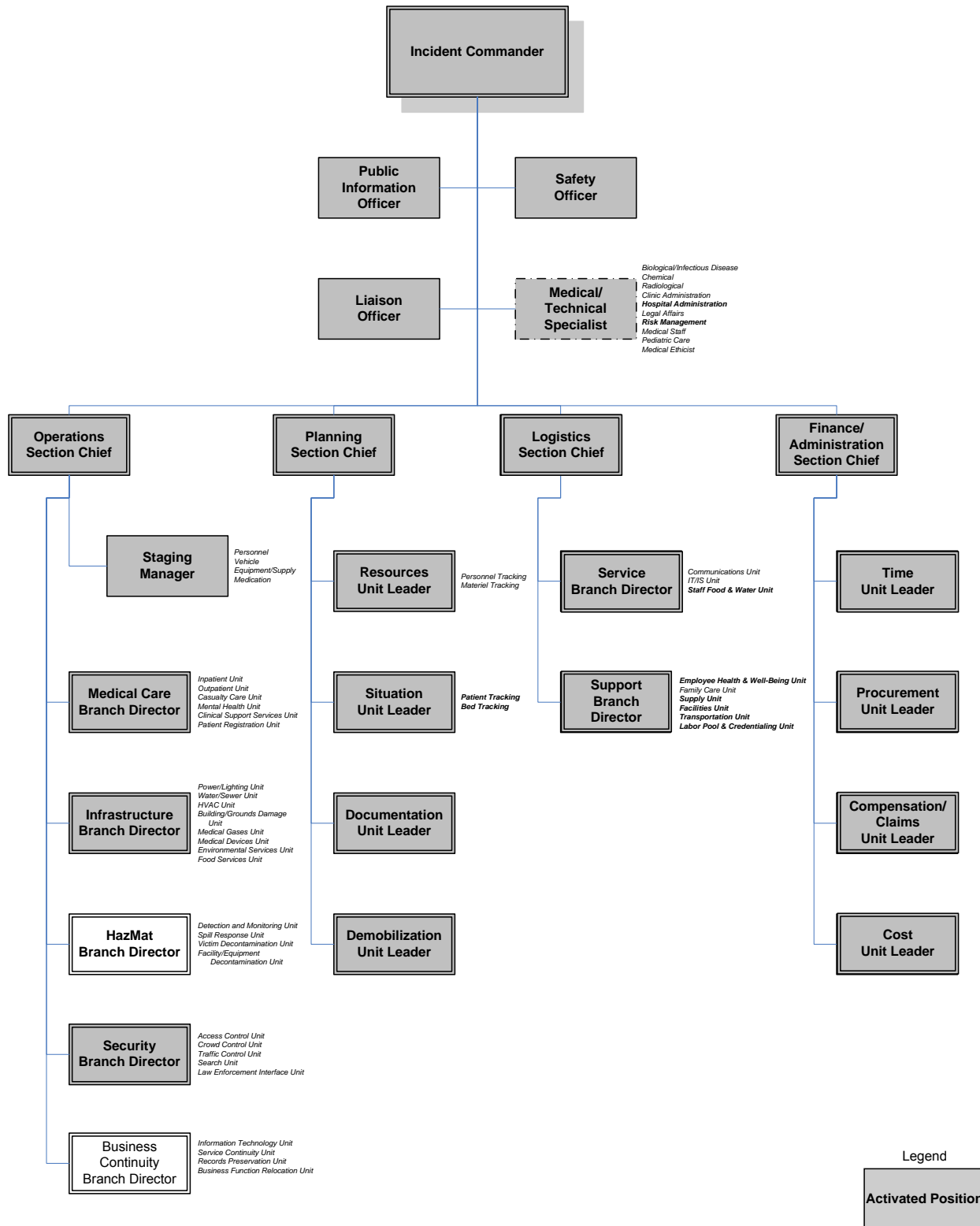
LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



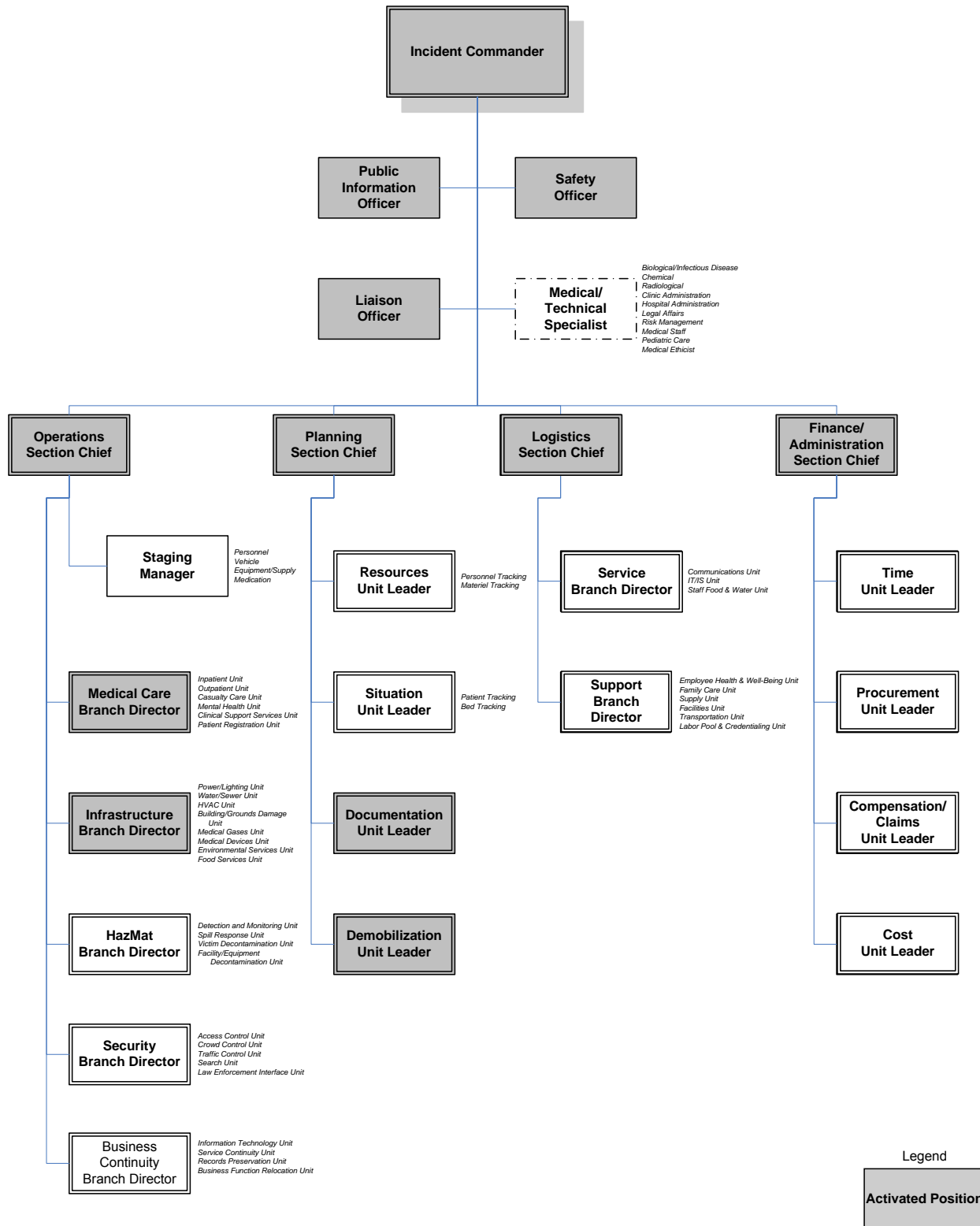
LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



LOSS OF HEATING/VENTILATION/AIR CONDITIONING (HVAC)

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION



LOSS OF POWER

SCENARIO

A fire has destroyed several transponders within the city's main power plant causing a broad power failure across a 30 mile area. The outage is impacting homes, businesses and industries. Power officials fear the damage to be extensive and estimate at least three days before power will be restored. Fortunately, the weather has been comfortable with no expected changes over the next few days.

Your hospital has lost all external power and emergency generators are supplying emergency power to the facility. The hospital census is at 85% capacity.

LOSS OF POWER

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital Emergency Management Plan include triggers or criteria for activation of the Emergency Operations plan and the Hospital Command Center?
-

Does your hospital have procedures to:

- Verify all emergency generators start and are accommodating the hospital's emergency power load?
 - Verify that the exhaust fans and air handlers supplied by emergency power are operating?
 - Evaluate verify that only essential equipment is plugged into emergency power outlets throughout the facility?
 - Contact the utility company's operations center to ascertain scope and length of service interruption?
2.
 - Evaluate critical areas to determine emergency power needs and supply; provide alternative light sources (i.e., battery powered lights, flashlights)?
 - Acquire generator fuel and needed repairs to maintain emergency power?
 - Prioritize emergency power allocation to critical infrastructure (i.e., HVAC units, morgue, elevators, patient monitors, ventilators, IT/IS systems)?
 - Evaluate the power system for load shedding potential?
 - Identify equipment or areas in the facility that do not have emergency power capability and will be unavailable for use?
-

3. Does your hospital have procedures to communicate situation and safety information to staff, patients and families?
-

4. Does your hospital have procedures to evaluate need for and obtain additional staff?
-

5. Does your hospital have a process to determine the need for partial or complete evacuation of the facility to protect patients and staff?
-

Response & Recovery

1. Does your hospital have procedures for obtaining situation reports and utility status updates from the local emergency management agency and utility?
-

2. Does hospital have a switching team protocol (sometimes called switching orders) that address transfer load?
-

3. Does hospital have a mechanism for regularly evaluating generator and electrical system performance?
-

4. Does your hospital have a process to evaluate the short and long-term impact of the loss the HVAC on the patients, staff and facility?
-

LOSS OF POWER

INCIDENT PLANNING GUIDE

-
6. Does your hospital have a process to determine the need for canceling elective procedures and surgeries and other non-essential hospital services (i.e., gift shop) and activities (i.e., conferences, meetings)?
-
7. Does your hospital have criteria and a process to determine the need for complete or partial evacuation of the facility?
-
8. Does your hospital have a process to assess patients for early discharge to decrease patient census?
-
9. Does your hospital have a plan to provide staff information on the situation and emergency measures to implement?
-
10. Does your hospital have procedures to notify patient's family members of the situation?
-
11. Does your hospital have a process to curtail or cancel non-essential functions (e.g., meetings, conferences, gift shop, etc.)?
-
12. Does your hospital have a process to determine the need to limit patient visitation?
-
13. Does your hospital have a plan to secure the facility?
-
14. Does your hospital have a plan to document actions, decisions and activities and track response expenses and lost revenues?
-
15. Does your hospital have procedures to provide accurate and timely briefings to staff, patients, families, and area hospitals during extended operations?
-
16. Does your hospital plan for demobilization and system recovery during response?
-
- Does your hospital maintain facility and department level business continuity plans?
-
17. Does your hospital have a plan to conduct regular media briefings, in collaboration with the local emergency management agency, local EOC and the Joint Information Center?
-
18. Does your hospital have procedures for restoring normal facility visitation, and non-essential service operations (e.g., gift shop, conferences, etc.)?
-
19. Does your hospital have procedures for repatriation of patients that were transferred or evacuated?
-
20. Does your hospital have procedures for after action reporting and developing an improvement plan?
-

LOSS OF POWER

INCIDENT RESPONSE GUIDE

Mission: To safely manage the operations of the facility during a power outage and minimize time to restore service.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Maintain emergency power systems
 - Maintain patient care management and safety
 - Minimize impact on hospital operations and clinical services
 - Evacuate patients to other facilities, if appropriate
 - Communicate situation to staff, patients, the media and community officials
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate

(Liaison Officer):

- Notify local emergency management/EOC of hospital situation status and obtain incident information and estimated timelines for restoration of power
 - Notify local EMS and ambulance providers about the situation and possible need to evacuate
 - Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
 - Contact the Regional Hospital Coordination Center, if exists, to notify about the situation and request assistance with patient evacuation destinations
-

LOSS OF POWER

INCIDENT RESPONSE GUIDE

COMMAND

(Public Information Officer):

- Inform staff, patients and families of situation and measures to provide power and protect life
- Prepare media staging area
- Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer):

- Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks
-

OPERATIONS

- Evaluate the emergency power supply and appropriate usage within the facility
 - Initiate power conservation measures
 - Assess patients for risk and prioritize care and resources, as appropriate
 - Secure the facility and implement limited visitation policy
 - Ensure continuation of patient care and essential services
 - Consider partial or complete evacuation of the facility, or relocation of patients and services within the facility
 - Maintain communications systems and other utilities and activate redundant (back up) systems, as appropriate
 - Implement business continuity plans and protection of records
-

PLANNING

- Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Prepare for patient and personnel tracking in the event of evacuations
 - Monitor weather conditions
-

LOSS OF POWER

INCIDENT RESPONSE GUIDE

LOGISTICS

- Maintain other utilities and activate alternate systems as needed
 - Investigate and provide recommendations for auxiliary power (i.e., battery powered lights, etc)
 - Provide for water, food and rest periods for staff
 - Obtain supplies to maintain functioning of emergency generators (i.e., fuel, parts, etc.)
 - Obtain supplemental staffing, as needed
 - Prepare for transportation of evacuated patients
 - Validate and/or activate the backup communications systems
-

Intermediate and Extended (Operational Period 2 to Greater than 12 Hours)

COMMAND

(Incident Commander):

- Update and revise the Incident Action Plan and prepare for demobilization
- Continue to update internal officials on the situation status
- Monitor evacuation, if activated

(PIO):

- Continue with briefings and situation updates with staff, patients and families
- Continue patient information center operations, in collaboration with Liaison Officer

(Liaison Officer):

- Continue to notify local EOC of situation status, critical issues and request assistance, as needed
- Continue to communicate with local utilities incident details and duration estimates
- Continue patient information center operations, in collaboration with PIO
- Continue communications with area hospitals and facilitate patient transfers

(Safety):

- Continue to evaluate facility operations for safety and hazards and take immediate corrective actions
-

LOSS OF POWER

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue evaluation of patients and patient care
 - Determine if any equipment can be taken off emergency power to minimize load on generators
 - Cancel elective surgeries and procedures
 - Prepare the staging area for patient transfer/evacuation
 - Initiate ambulance diversion procedures
 - Continue or implement patient evacuation
 - Ensure the transfer of patient's belongings, medications and records upon evacuation
 - Continue evaluation and provision of emergency power
 - Ensure facility security and restricted visitation
 - Ensure provision of water and food to patients, visitors and families
 - Continue to maintain other utilities
 - Monitor patients for adverse affects of heath and psychological stress
 - Prepare demobilization and system recovery plan
-

PLANNING

- Continue patient, bed and personnel tracking
 - Update and revise the Incident Action Plan
 - Prepare the demobilization and system recovery plans
 - Plan for repatriation of patients
 - Ensure documentation of actions, decisions and activities
-

LOSS OF POWER

INCIDENT RESPONSE GUIDE

LOGISTICS

- Contact vendors to schedule regular deliveries of fuel to maintain emergency power
 - Contact vendors on availability of supplies and fresh food
 - Continue provision of emergency power to critical areas
 - Continue to provide staff for patient care and evacuation
 - Monitor staff for adverse affects of heath and psychological stress
 - Monitor, report, follow up on and document staff or patient injuries
 - Continue to provide transportation services for internal operations and patient evacuation
-

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures and lost revenue
 - Continue to facilitate contracting for emergency power and other services
-

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Determine hospital status and declare restoration of normal power and termination of the incident
- Notify state licensing, accreditation or regulatory agency of sentinel event

(Liaison Officer):

- Communicate final hospital status and termination of the incident to local EOC, area hospitals and officials
- Assist with the repatriation of patients transferred

(PIO):

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer):

- Ensure facility safety and restoration of normal operations
-

LOSS OF POWER

INCIDENT RESPONSE GUIDE

OPERATIONS

- Restore normal patient care operations
 - Ensure restoration of power and services
 - Repatriate evacuated patients
 - Discontinue ambulance diversion and visitor limitations
 - Ensure business continuity of operations and return to normal services
-

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Conduct after-action reviews and debriefing
 - Write after-action report and corrective action plan for approval by the Incident Commander to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
-

LOGISTICS

- Perform evaluation and preventative maintenance on emergency generators and ensure their readiness
 - Restock supplies, equipment, medications, food and water
 - Ensure communications and IT/IS operations return to normal
-

FINANCE/ADMINISTRATION

- Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander
 - Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures
-

LOSS OF POWER

INCIDENT RESPONSE GUIDE

Documents and Tools

- Hospital Emergency Operations Plan

- Hospital Evacuation Plan

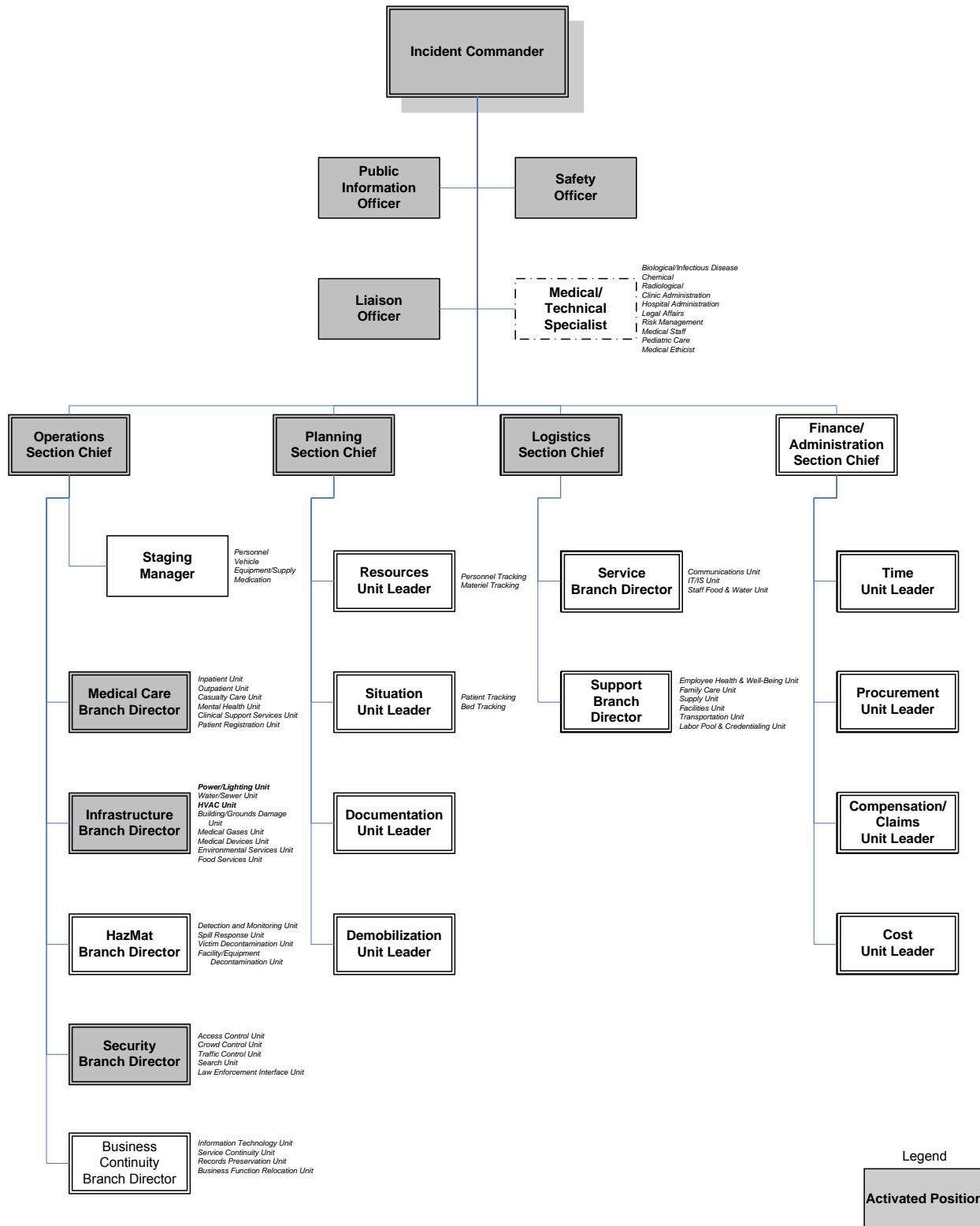
- Emergency Power Plans

- Emergency Communications Plans

- Facility and Departmental Business Continuity Plans

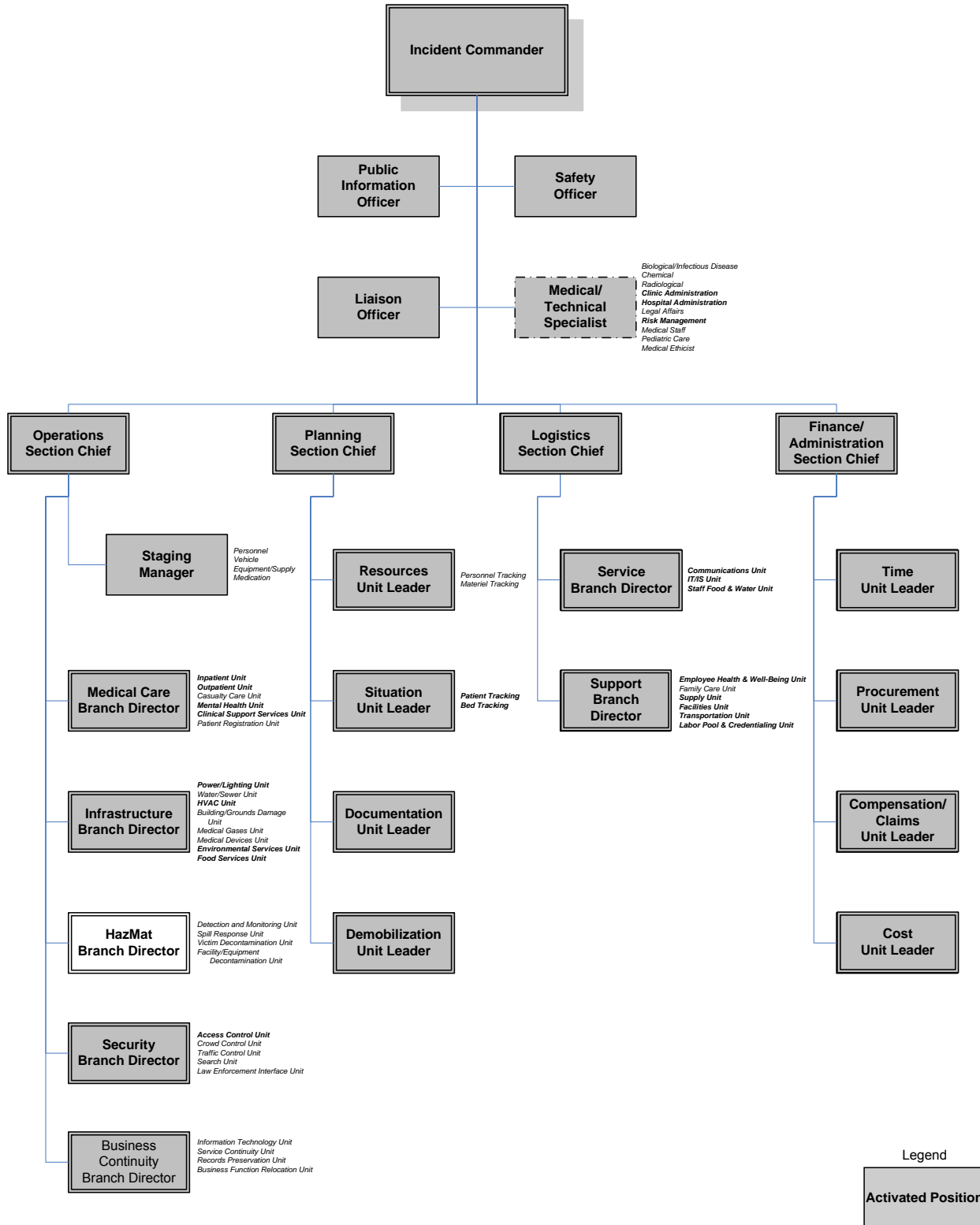
LOSS OF POWER

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



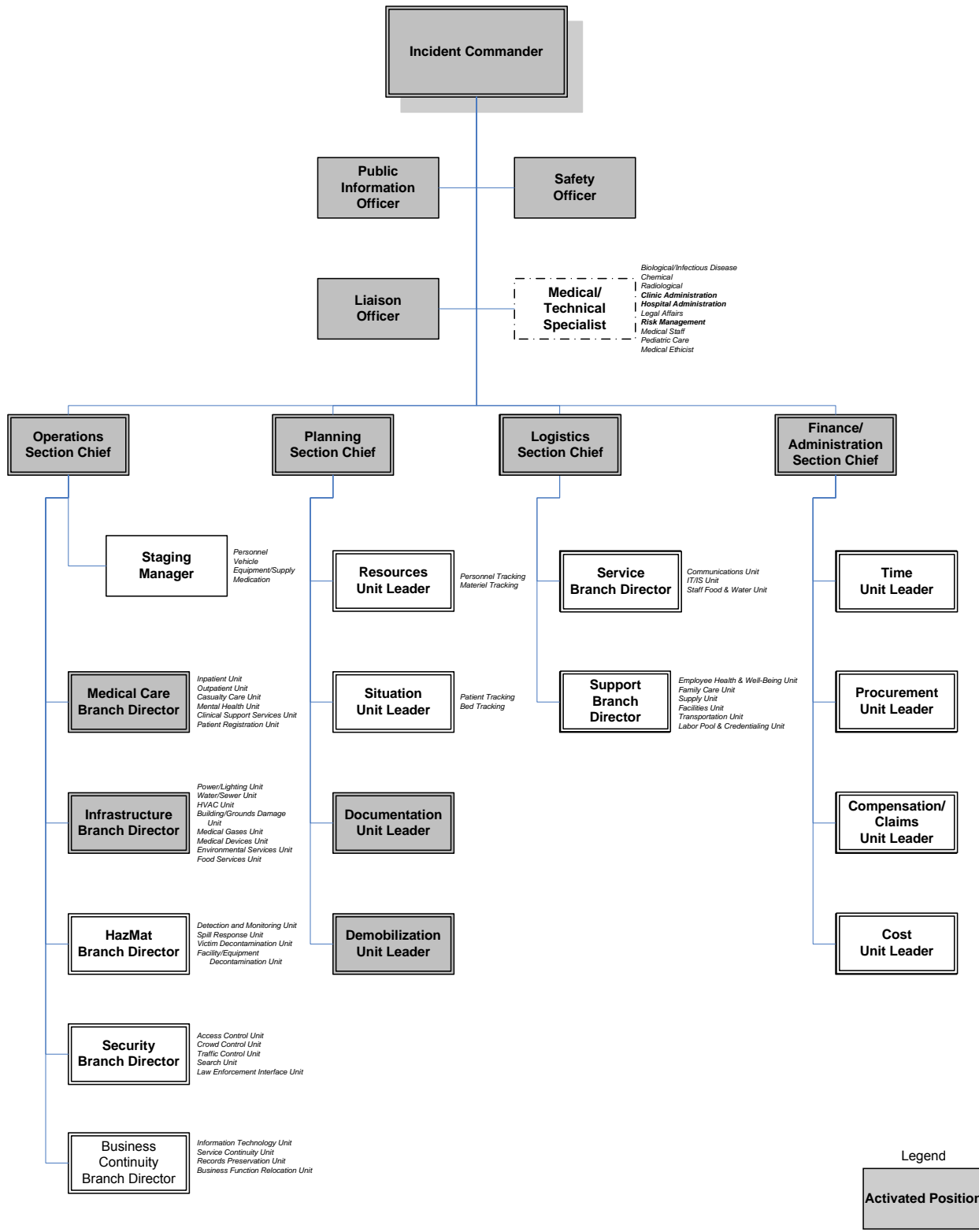
LOSS OF POWER

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



LOSS OF POWER

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION



Legend

Activated Position

LOSS OF WATER

SCENARIO

Without warning, the main water supply line to the hospital breaks, disrupting water service to the entire facility. The hospital's water systems, including potable water supply are non-functional. Local water sources and vendors are not impacted. Services, including food and radiology, are disrupted. Toilets and hand washing areas are not functioning and alternate methods must be provided

Utility workers expect to repair the damage and restore water service to the hospital within 10-12 hours.

LOSS OF WATER

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital Emergency Management Plan include triggers or criteria for activation of the Emergency Operations plan and the Hospital Command Center?

2. Does your hospital have a plan for loss of water to the facility and sustaining operations?

3. Does your hospital have MOUs and/or contracts for provision of potable water?

4. Does your hospital have a process for determining the impacts of the loss of water on clinical operations (i.e., surgery schedule, outpatient services, etc.) and infrastructure systems?

5. Does your hospital have a plan and systems to connect to alternate water sources to support fire suppression, waste water and cooling systems?

6. Does your hospital have procedures to communicate situation and safety information to staff, patients and families?

7. Does your hospital have procedures to evaluate need for and obtain additional staff?

8. Does your hospital have procedures to establish portable toilets and hand washing stations throughout the facility?

9. Does your hospital have procedures to evaluate need for and obtain additional staff?

10. Does your hospital have a process to determine the need for partial or complete evacuation of the facility?

11. Does your hospital have a procedure for rationing potable water, if necessary?

12. Does your hospital have a plan for communicating water conservation measures to employees and patients?

13. Does your hospital have a plan to provide regular media briefings and updates?

14. Does your hospital have a plan to communicate with local emergency management and water company about the situation and request assistance?

Response and Recovery

1. Does your hospital have procedures for providing regular situation status updates to the local emergency management agency and water company?

2. Does your hospital have a process to evaluate the short and long-term impact of the loss of water on the patients, staff and facility?

3. Does your hospital have a process to determine the need for canceling elective procedures and surgeries and other non-essential hospital services (i.e., gift shop) and activities (i.e., conferences, meetings)?

LOSS OF WATER

INCIDENT PLANNING GUIDE

4. Does your hospital have criteria and a process to determine the need for complete or partial evacuation of the facility?

 5. Does your hospital have a process to assess patients for early discharge to decrease patient census?

 6. Does your hospital have a plan to provide staff information on the situation and emergency and water conservation measures to implement?
 7. Does your hospital have procedures to notify patient's family members of the situation?
 8. Does your hospital have a process to cancel non-essential functions (e.g., meetings, conferences, gift shop, etc.)?
 9. Does your hospital have a process to determine the need to limit patient visitation?
 10. Does your hospital have a plan to document actions, decisions and activities and track response expenses and lost revenues?
 11. Does your hospital have procedures to provide accurate and timely briefings to staff, patients, families, and area hospitals during extended operations?
 12. Does your hospital plan for demobilization and system recovery during response?
 13. Does your hospital have a facility and departmental business continuity plans? Do these plans address the need for alternate service providers for critical hospital functions (e.g. radiology, laboratory, etc.)?
 14. Does your hospital have a plan to conduct regular media briefings, in collaboration with the local emergency management agency?
 15. Does your hospital have procedures for restoring normal facility visitation, and non-essential service operations (e.g., gift shop, conferences, etc.)?
 16. Does your hospital have procedures for repatriation of patients that were transferred or evacuated?
 17. Does your hospital have procedures for after action reporting and developing an improvement plan?
-

LOSS OF WATER

INCIDENT RESPONSE GUIDE

Mission: To effectively and efficiently manage the effects of a loss of water in the facility.

Directions

- Read this entire response guide and review incident management team chart.
 - Use this response guide as a checklist to ensure all tasks are addressed and completed.
-

Objectives

- Conserve water and restore water supply
 - Identify and obtain alternate sources of potable water
 - Maintain patient care management
 - Monitor heating and cooling systems
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate
- Establish incident objectives and operational period

(Liaison Officer):

- Notify local emergency management of hospital situation status, critical issues and timeline for water service repairs and restoration
- Notify the water utility and outside agencies of water loss and estimated time for water main repair and restoration of service
- Notify local EMS and ambulance providers about the situation and possible need to evacuate
- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
 - Contact the Regional Hospital Coordination Center, if exists, to notify about the situation and request assistance with patient evacuation destinations

LOSS OF WATER

INCIDENT RESPONSE GUIDE

COMMAND

(Public Information Officer):

- Inform staff, patients and families of situation and measures to conserve water and protect life
- Prepare media staging area
- Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer):

- Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks

OPERATIONS

- Determine loss of water impact on systems and patients
- Estimate potable and non-potable water usage and needs and collaborate with Logistics Section and Liaison Officer to obtain back up supplies
- Access alternate sources of water to provide for fire suppression, HVAC system and other critical systems, as able
- Institute rationing of water, as appropriate
- Initiate water conservation measures
- Assess patients for risk and prioritize care and resources, as appropriate
- Monitor infection control practices
- Provide alternate toilet and hand washing facilities
- Secure the facility and implement limited visitation policy
- Ensure continuation of patient care and essential services
- Consider partial or complete evacuation of the facility, or relocation of patients and services within the facility
- Activate facility and impacted departmental business continuity plans

PLANNING

- Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Prepare for patient and personnel tracking in the event of evacuations
-

LOSS OF WATER

INCIDENT RESPONSE GUIDE

LOGISTICS

- Maintain other utilities and activate alternate systems as needed
 - Investigate and provide recommendations for alternate water supplies, including potable water
 - Assist with rationing water, as appropriate
 - Obtain supplemental staffing, as needed
 - Prepare for transportation of evacuated patients, if activated
 - Oversee and conduct water main repairs and restoration of services
-

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND

(Incident Commander):

- Update and revise the Incident Action Plan and prepare for demobilization
- Continue to update internal officials on the situation status
- Monitor evacuation

(PIO):

- Continue with briefings and situation updates with staff, patients and families
- Continue patient information center operations, in collaboration with Liaison Officer
- Assist with notification of patient's families about situation and evacuation, if activated

(Liaison Officer):

- Continue to notify local EOC of situation status, critical issues and request assistance, as needed
- Continue to communicate with local utilities incident details and duration estimates
- Continue patient information center operations, in collaboration with PIO
- Continue communications with area hospitals and facilitate patient transfers

(Safety Officer):

- Continue to evaluate facility operations for safety and hazards and take immediate corrective actions
-

LOSS OF WATER

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue evaluation of patients and patient care
 - Cancel elective surgeries and procedures
 - Prepare the staging area for patient transfer/evacuation
 - Initiate ambulance diversion procedures
 - Continue or implement patient evacuation
 - Ensure the transfer of patient's belongings, medications and records upon evacuation
 - Continue to ration water, especially potable water, as appropriate
 - Maintain facility security and restricted visitation
 - Continue to maintain other utilities
 - Monitor patients for adverse affects of heath and psychological stress
 - Prepare demobilization and system recovery plan
-

PLANNING

- Continue patient, bed and personnel tracking
 - Update and revise the Incident Action Plan
 - Prepare the demobilization and system recovery plans
 - Plan for repatriation of patients
 - Ensure documentation of actions, decisions and activities
-

LOGISTICS

- Continue with nutritional, sanitation, and HVAC support and operations
 - Contact vendors to provide emergency potable and non-potable water supplies and portable toilets
 - Monitor the impact of the loss of water on critical areas
 - Continue to provide staff for patient care and evacuation
 - Monitor staff for adverse affects of heath and psychological stress
 - Monitor, report, follow up on and document staff or patient injuries
 - Continue to provide transportation services for internal operations and patient evacuation
-

LOSS OF WATER

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures and lost revenue
 - Continue to facilitate contracting for emergency repairs and other services
-

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Determine hospital status and declare restoration of normal water services and termination of the incident
- Notify state licensing, accreditation or regulatory agency of sentinel event
- Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer):

- Communicate final hospital status and termination of the incident to local EOC, area hospital and officials
- Assist with the repatriation of patients transferred

(PIO):

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer):

- Ensure facility safety and restoration of normal operations
-

OPERATIONS

- Confirm water restoration plan with local water authority and complete bacteriological testing and final potable water safety verification
 - Restore normal patient care operations
 - Ensure restoration of water and other infrastructure (i.e., HVAC)
 - Repatriate evacuated patients
 - Discontinue ambulance diversion and visitor limitations
-

LOSS OF WATER

INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Conduct after-action reviews and debriefing
 - Write after-action report and corrective action plan for approval by the Incident Commander to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
-

LOGISTICS

- Perform evaluation and preventative maintenance on emergency generators and ensure their readiness
 - Restock supplies, equipment, medications, food and water
 - Ensure communications and IT/IS operations return to normal
 - Conduct stress management and after-action debriefings and meetings, as necessary
-

FINANCE/ADMINISTRATION

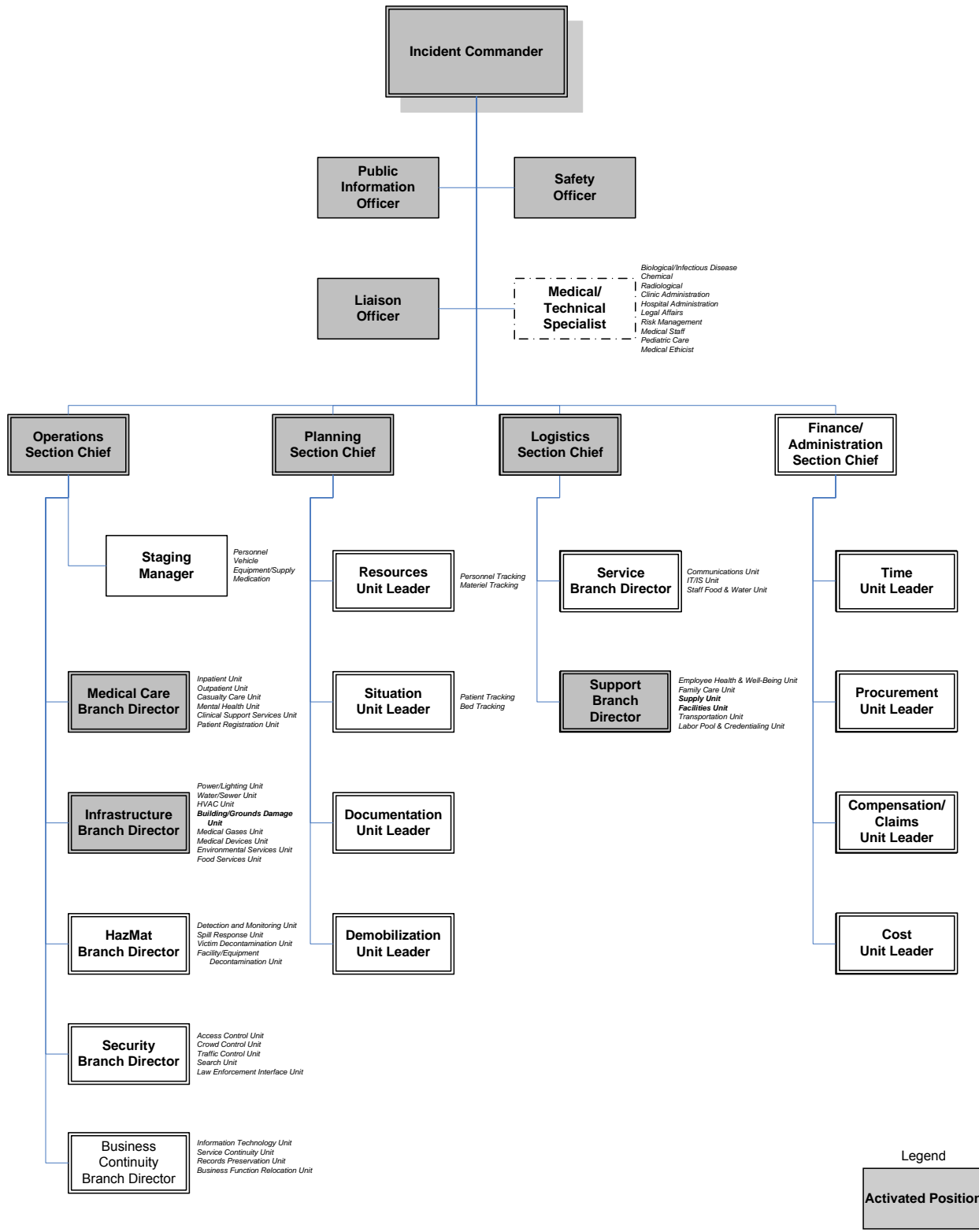
- Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander
 - Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures
-

Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Loss of Water Plan
 - Hospital Loss of Sewer Plan
 - Hospital Loss of HVAC Plan
 - Facility and Departmental Business Continuity Plans
-

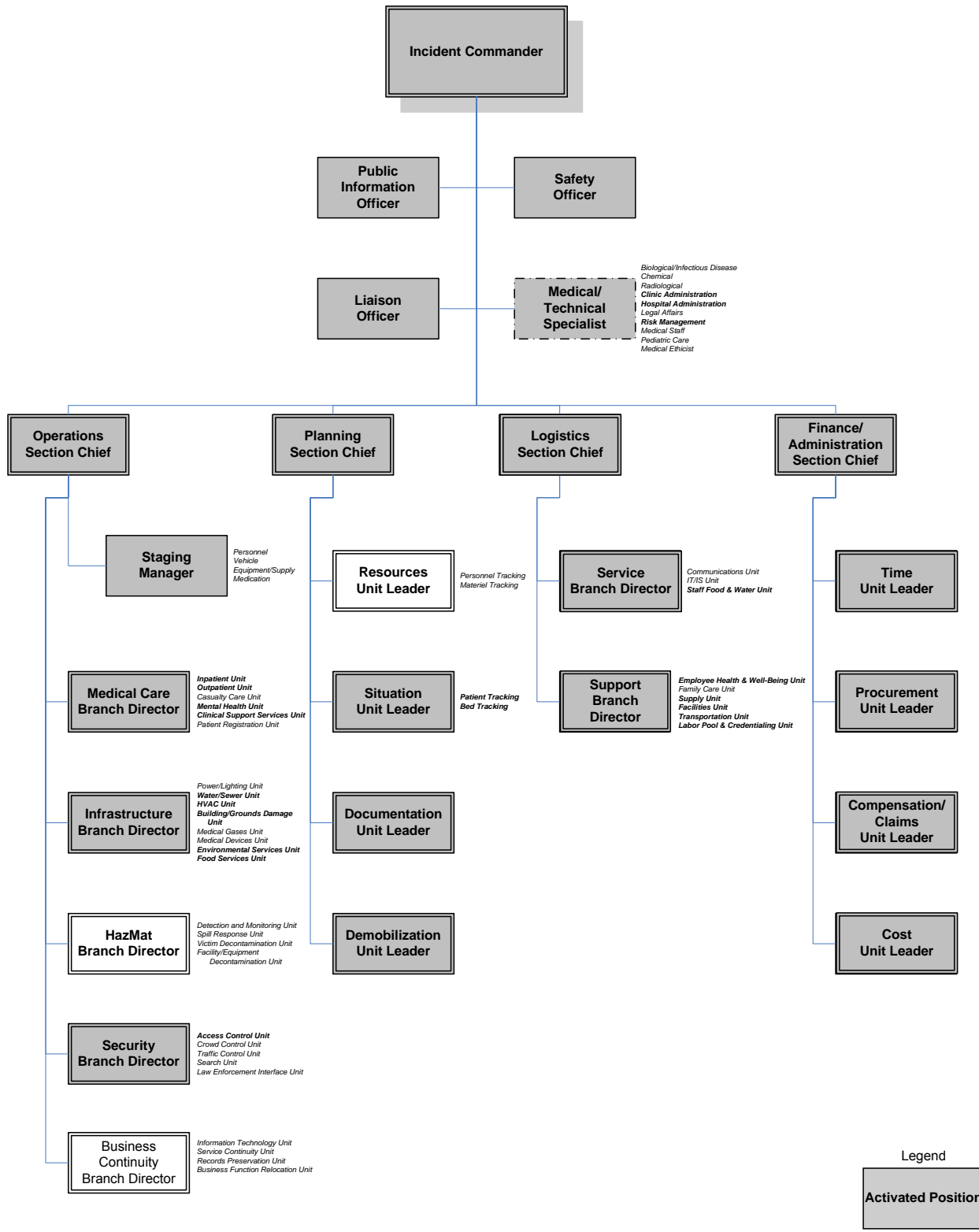
LOSS OF WATER

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



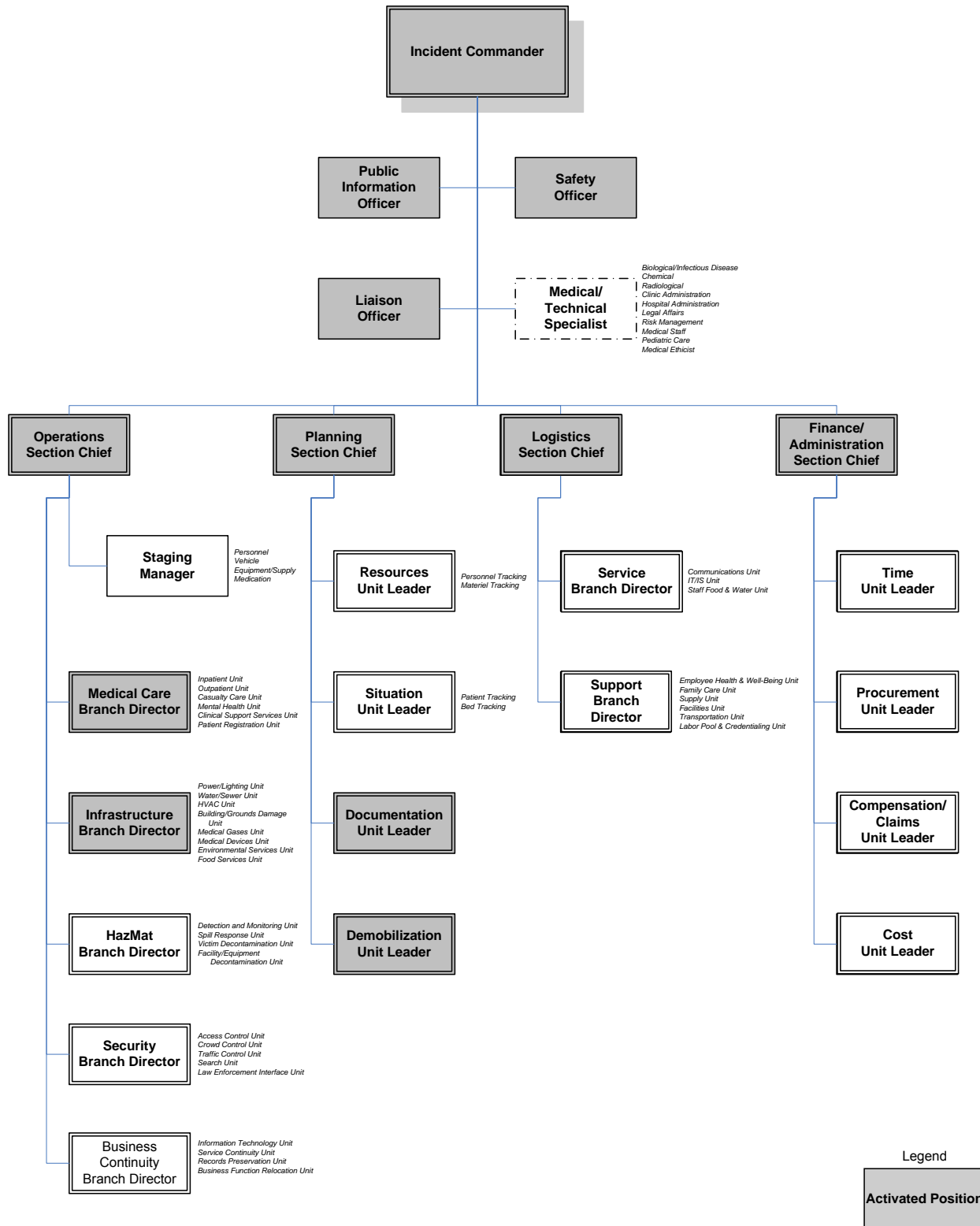
LOSS OF WATER

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



LOSS OF WATER

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION



SEVERE WEATHER

SCENARIO

The local weather station is forecasting heavy rains today that will continue for the next three days. High winds have been blowing over the past two days causing many fallen trees in the streets resulting in traffic congestion and lack of vehicle access to some areas.. Local officials predict flash floods with small stream and local flooding. There are areas in the community that have lost power with unknown time estimates for restoration of service.

The hospital's roof has been damaged by the winds and water is leaking into the facility. Hospital engineers are concerned the water may disrupt electrical circuits and lines. The hospitals emergency generators are located in the basement of the facility and could be impacted by flooding. Many staff are absent due to storm concerns and on-duty staff are requesting to go home to care for their families and property.

SEVERE WEATHER

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital Emergency Management Plan include triggers or criteria for activation of the Emergency Operations plan and the Hospital Command Center?

2. Does your hospital regularly monitor pre-event weather forecasts and projections?

3. Does your hospital participate in pre-event local severe storm response planning with emergency management officials?

4. Does your facility have a plan to initiate severe storm facility hardening actions (i.e., protect windows; secure outside loose items; test back up generators; obtain supplemental supplies of essential items (food, water, medications, lighting); protect basement high risk areas; relocate at-risk items to higher levels; activate amateur radio operators, top off fuel tanks, etc.)?

5. Does your hospital have a plan to modify contingency staff utilization and provide staff support (i.e., alternate shifts and staffing, medical staff coverage needs, childcare contingency plan for staff, staff transportation needs, etc.)?

6. Does your hospital have a plan to evaluate the need for cancellation of elective surgeries and procedures?

7. Does your hospital have plans for loss of power or loss of other utilities and services?

8. Does your hospital have procedures to communicate situation and safety information to staff, patients and families?

9. Does your hospital have procedures to evaluate need for and obtain additional staff?

10. Does your hospital have a process to determine the need for partial or complete evacuation of the facility?

11. Does your hospital have a plan to provide regular media briefings and updates?

12. Does your hospital have a plan to communicate with the local EOC about the situation status, critical issues and request assistance?

13. Does your hospital have a surge capacity plan that includes triggers and criteria for activation?

14. Does your hospital have a security plan to manage the patient surge and facility security?

15. Does your hospital have a plan for alternate care sites including set up, equipment, staffing and signage?

16. Does your facility have MOUs with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles, if needed?

17. Does your hospital identify and/or have MOUs with contractors that can perform repairs after the storm?

SEVERE WEATHER

INCIDENT PLANNING GUIDE

-
18. Does your hospital consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?
-

Response & Recovery

1. Does your hospital have a plan and back up (redundant) systems to maintain communications with the local EOC and other officials during and after the storm?
-
2. Does the facility have a plan to transport staff and their families living in potentially flooded areas or without transportation to the hospital to ensure staffing?
-
3. Does the hospital have a procedure to inventory equipment, supplies and medications?
-
4. Does your hospital have procedures to perform damage assessment (interior and exterior), evaluate infrastructure operations needs, initiate repair plan, contract for needed repair assistance, and re-evaluate need for evacuation (partial or complete)?
-
5. Does your hospital have a process to determine the need for canceling elective procedures and surgeries and other non-essential hospital services (i.e., gift shop) and activities (i.e., conferences, meetings)?
-
6. Does your hospital have procedures to regularly evaluate infrastructure and operational needs and implement appropriate actions to meet the needs?
-
7. Does your hospital have a process to evaluate the need for further evacuation (partial/complete) of areas of the hospital as a result of structural damage or flooding during the storm?
-
8. Does your hospital evacuation/relocation plan include notification of family members when patients are moved to other facilities?
-
9. Does your hospital have a plan to manage an increase in numbers of people presenting to the facility for non-medical, general assistance (food, medicine, diapers)?
-
10. Does your hospital have a plan to provide rest/sleep, nutrition, and hydration to staff?
-
11. Does your hospital have a plan to provide staff child care services?
-
12. Does the facility have protocols to notify local public health of patient status and medical/health problems presenting by types of illness or injury?
-
13. Does your hospital plan for demobilization and system recovery during response?
-
14. Does your hospital have procedures for prioritizing service restoration activities?
-
15. Does your hospital have a plan to repatriate evacuated patients and staff?
-
16. Does your hospital have procedures for interior and exterior clean up and repair?
-
17. Does your hospital have procedures to monitor environmental issues (bio waste disposal) and water safety?
-

SEVERE WEATHER

INCIDENT RESPONSE GUIDE

Mission: To provide for the safety of patients, visitors, and staff during a severe weather emergency such as ice storms, snowstorms, rain, flooding, etc.

Directions

- Read this entire response guide and review incident management team chart.
 - Use this response guide as a checklist to ensure all tasks are addressed and completed.
-

Objectives

- Implement Emergency Operations Plan and Severe Weather Emergency Response Plan
 - Initiate facility hardening
 - Protect patients, visitors, staff and facility
 - Maintain patient care and medical management
 - Restore normal operations as soon as feasible
-

Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Activate the facility Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate
- Establish incident objectives and operational period

(Liaison Officer):

- Notify local emergency management of hospital situation status, critical issues and resource requests
 - Notify local EMS and ambulance providers about the situation and possible need to evacuate or relocate patients
 - Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
 - Monitor weather conditions, structural integrity, and facility security
-

SEVERE WEATHER

INCIDENT RESPONSE GUIDE

COMMAND

(Public Information Officer):

- Inform staff, patients and families of situation status and provide regular updates
- Prepare media staging area
- Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer):

- Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks
-

OPERATIONS

- Assess patients for risk and prioritize care and resources, as appropriate
 - Secure the facility and implement limited visitation policy
 - Ensure continuation of patient care and essential services
 - Prepare to implement emergency plans and procedures as needed (i.e., loss of power, water, HVAC, communications, etc.)
 - Consider partial or complete evacuation of the facility, or relocation of patients and services within the facility
 - Develop storm staffing plan and triggers for activation
 - Initiate facility hardening activities
 - Designate an area(s) to accommodate community boarders including those who may be electrically dependent or have medical needs
 - Distribute appropriate equipment throughout the facility (i.e. portable lights), as needed
 - Determine timeline and criteria for discontinuation of non-essential services and procedures
-

PLANNING

- Establish operational periods, incident objective and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Conduct a hospital census and identify potential discharges, in coordination with Operations Section
 - Initiate tracking system for patients and arriving community boarders and visitors that will remain in the facility during the storm
-

SEVERE WEATHER

INCIDENT RESPONSE GUIDE

LOGISTICS

- Maintain utilities and communications and activate alternate systems as needed
 - Obtain supplies, equipment, medications, food and water to sustain operations
 - Obtain supplemental staffing, as needed
 - Prepare for transportation of evacuated patients, if activated
-

Intermediate and Extended (Operational Period 2 hours to Greater than 12 Hours)

COMMAND

(Incident Commander):

- Update and revise the Incident Action Plan and prepare for demobilization
- Continue to update internal officials on the situation status
- Monitor evacuation, if activated

(PIO):

- Continue to monitor weather reports and conditions
- Continue with briefings and situation updates with staff, patients and families
- Continue patient information center operations, in collaboration with Liaison Officer
- Assist with notification of patient's families about situation and evacuation, if activated

(Liaison Officer):

- Continue to notify local EOC of situation status, critical issues and request assistance, as needed
- Continue patient information center operations, in collaboration with PIO
- Continue communications with area hospitals and facilitate patient transfers, if activated

(Safety Officer):

- Continue to evaluate facility operations for safety and hazards and take immediate corrective actions
-

SEVERE WEATHER

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue evaluation of patients and maintain patient care
 - Cancel elective surgeries and procedures
 - Prepare the staging area for patient transfer/evacuation
 - Regularly perform facility damage assessments and initiate appropriate repairs
 - Ensure the functioning of emergency generators and alternative power/light resources, if needed
 - Initiate ambulance diversion procedures, if possible
 - Continue or implement patient evacuation
 - Ensure the transfer of patient's belongings, medications and records upon evacuation
 - Maintain facility security and restricted visitation
 - Continue to maintain utilities and communications
 - Monitor patients for adverse affects of heath and psychological stress
 - Prepare for demobilization and system recovery
-

PLANNING

- Continue patient, bed and personnel tracking
 - Update and revise the Incident Action Plan
 - Prepare the demobilization and system recovery plans
 - Plan for repatriation of patients
 - Ensure documentation of actions, decisions and activities
-

LOGISTICS

- Continue evaluation of facility for damage and initiate repairs
 - Continue to obtain needed supplies, equipment, medications, food and water
 - Continue to provide staff for patient care and evacuation
 - Monitor staff for adverse affects of heath and psychological stress
 - Monitor, report, follow up on and document staff or patient injuries
 - Continue to provide transportation services for internal operations and patient evacuation
-

SEVERE WEATHER

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures and lost revenue
 - Continue to facilitate contracting for emergency repairs and other services
-

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Determine hospital status and declare restoration of normal water services and termination of the incident
- Provide appreciation and recognition to solicited and non-solicited volunteers and to state and federal personnel sent to help

(Liaison Officer):

- Communicate final hospital status and termination of the incident to local EOC, area hospital and officials
- Assist with the repatriation of patients transferred

(PIO):

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer):

- Ensure facility safety and restoration of normal operations
-

OPERATIONS

- Restore normal patient care operations
 - Ensure integrity of and/or restoration of utilities and communications
 - Repatriate evacuated patients
 - Discontinue ambulance diversion and visitor limitations
-

SEVERE WEATHER

INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
- Compile a final report of the incident and hospital response and recovery operations
- Ensure appropriate archiving of incident documentation
- Conduct after-action reviews and debriefing
- Write after-action report and corrective action plan for approval by the Incident Commander to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions

LOGISTICS

- Ensure facility repairs and restoration of utilities
- Restock supplies, equipment, medications, food and water
- Ensure communications and IT/IS operations return to normal
- Conduct stress management and after-action debriefings and meetings, as necessary

FINANCE/ADMINISTRATION

- Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander
- Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures

Documents and Tools

- Hospital Emergency Operations Plan
 - Hospital Severe Weather Emergency Procedure
 - Facility and Departmental Business Continuity Plans
 - Television/radio to monitor weather
 - Hospital Emergency Operations Plan
 - Hospital Severe Weather Emergency Procedure
-

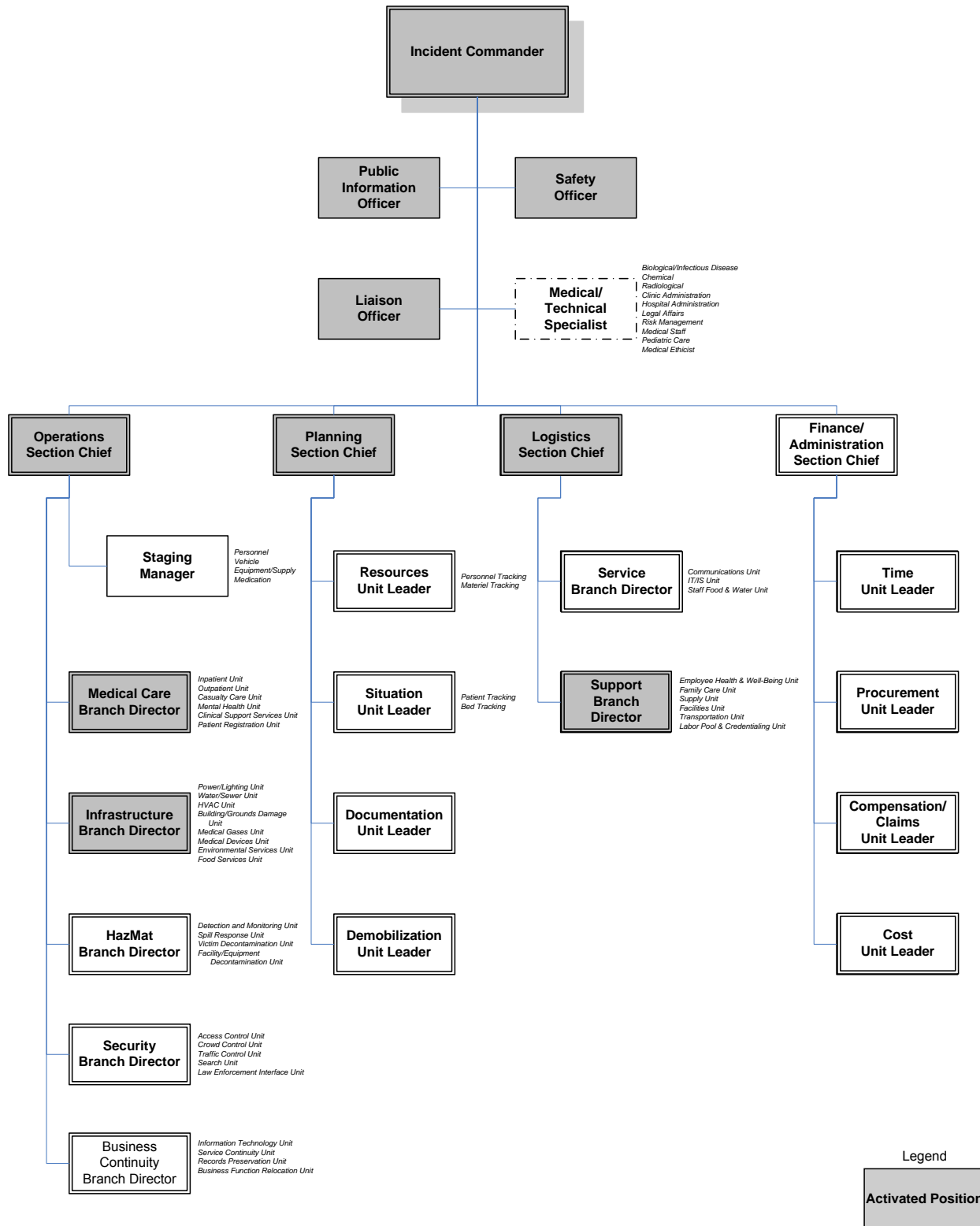
SEVERE WEATHER

INCIDENT RESPONSE GUIDE

-
- Telephone/cell phone/radio/satellite phone/intranet for communication
-

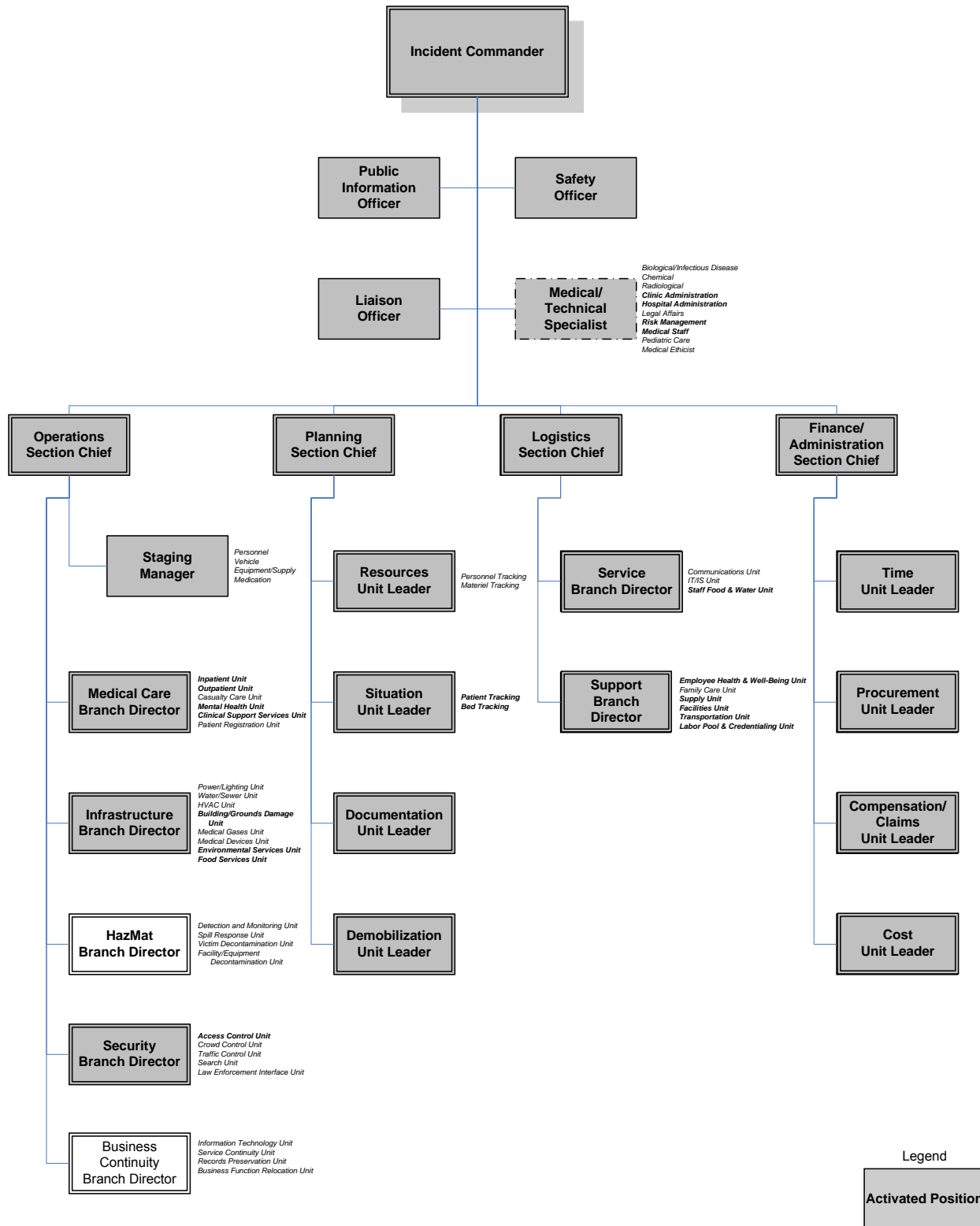
SEVERE WEATHER

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



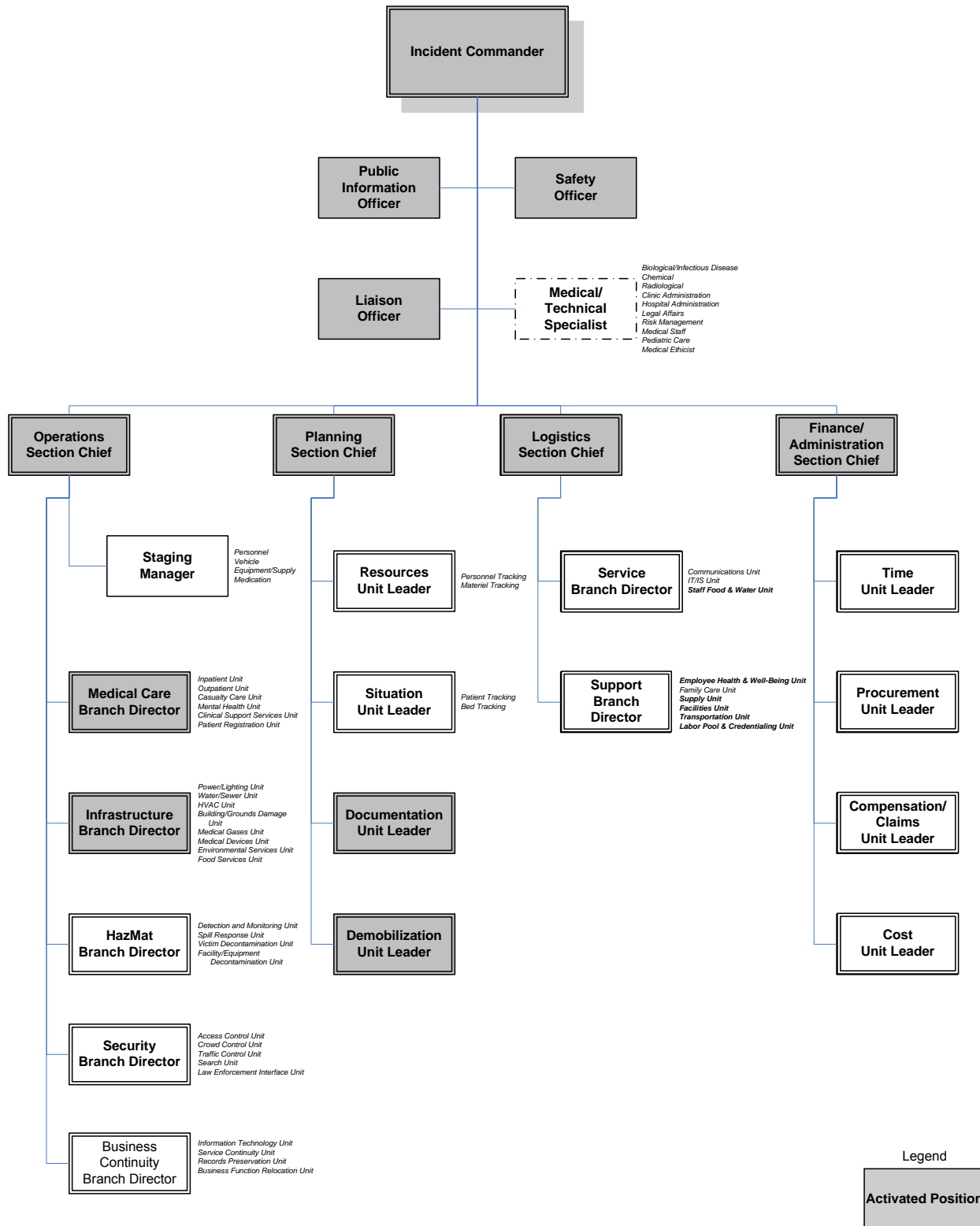
SEVERE WEATHER

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



SEVERE WEATHER

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION



WORK STOPPAGE

SCENARIO

Your hospital maintains several agreements with multiple Labor Unions. Renewed contracts have been under negotiation over the past several days. Unfortunately, several key issues have not been resolved and Union officials have declared an employee strike. The hospital administration is currently unable to meet the Union requests and predicts an immediate work stoppage that could continue for several days.

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital Emergency Management Plan include triggers or criteria for activation of the Emergency Operations plan and the Hospital Command Center?

2. Does your hospital have a plan for a work stoppage/strike event?

3. Does your hospital have a process to conduct pre-event planning and prepare for the work stoppage?

4. Does your hospital have a process to assess the impact of a work stoppage on hospital operations?

5. Does your hospital have a plan to decrease hospital census through early discharges, transfers, and ambulance diversion?

6. Does your hospital have a protocol for revising staffing pattern, scheduling, and/or assigned duties during the work stoppage?

7. Does your hospital have a plan to supplement staffing and obtain staffing from outside resources (i.e., registries, other hospitals, out of area or state resources, etc.)?

8. Does your hospital have procedures to reduce or cancel non-essential in-patient or outpatient services?

9. Does your hospital have pre-scripted messages for patients, staff and the media regarding the hospital's ability to continue operations?

10. Does your hospital have a plan for traffic and crowd control and maintaining security of your facility, staff, and visitors?

Response & Recovery

1. Does your hospital have a procedure to address facility security, including the threat of violence or civil disturbances?

2. Does your hospital have a process to evaluate the impact of modified staffing on patient care services?

3. Does your hospital have a plan to obtain alternative staffing resources?

4. Does your hospital have a procedure for providing situation updates and information to local emergency management?

5. Does your hospital have a plan to provide regular information and updates to patients and on-duty staff, including rumor control?

6. Does your hospital have a plan to establish a media staging area and provide regular updates and briefings with situation status and appropriate patient information?

7. Does your hospital have a plan to control traffic and parking?

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

-
8. Does your hospital have a plan to address vendor delivery issues and to ensure essential supplies are brought to the facility?
-

Does your hospital have a plan to manage temporary staff, including:

- Credentialing and privileging
 - Identification badging
 - Orientation to the hospital and assigned area(s)
 - Food and housing support; transportation assistance; medical care, if needed
- 9.
- Staff security
 - Scheduling and hours of work
 - Supervision while on duty
 - Payroll
 - Personnel compliance issues (e.g., JCAHO, HIPAA)
-

10. Does your hospital have procedures for outsourcing certain services (i.e., laboratory)?
-

Does your hospital have a plan to address the following on-duty staff issues during an extended work stoppage incident?

- Staff attendance
 - Staff attitude and compliance with hospital policies
- 11.
- Staff security needs
 - Need for information and updates, including rumor control
 - Threat of violence or civil disobedience
 - Parking/traffic control
-

12. Does your hospital have a plan to address mental health support needs and stress management services of patients, family and staff?
-

13. Does your hospital have a protocol for incident demobilization and system recovery?
-

14. Does your hospital have procedures to return to normal security practices?
-

15. Does your hospital have procedures for appreciation and withdrawal of temporary staff?
-

16. Does your hospital have facility and departmental business continuity plans?
-

17. Does your hospital have a protocol for team rebuilding?
-

18. Does your hospital have procedures for cancellation of outsourcing services?
-

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

Mission: To maintain continuity of operations in the event of staffing shortages related to work stoppages.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
-

Objectives

- Maintain security of your facility, staff, patients, and visitors
 - Maintain ongoing patient medical management
 - Provide for supplemental staffing from outside resources
 - Communicate the situation status to staff, patients, and the public
-

Immediate (Operational Period Pre-event to 2 Hours)

COMMAND

(Incident Commander):

- Activate the facility Emergency Operations Plan
- Activate Command Staff and Section Chiefs, as appropriate

(Liaison Officer):

- Notify local emergency management/EOC and public health department of hospital situation status and plans to maintain services
 - Notify local EMS and ambulance providers
 - Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
 - Contact the Regional Hospital Coordination Center, if exists, to notify about the situation and request assistance with patient transfers
-

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

COMMAND

Public Information Officer):

- Inform staff, patients and families of situation and plans for continuing services
- Prepare media release to inform patients about accessing care and services during the work stoppage
- Prepare media staging area
- Conduct regular media briefings, in collaboration local emergency management, as appropriate

(Safety Officer):

- Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks
-

OPERATIONS

- Conduct a hospital census and determine discharges, transfers and surgery/procedure cancellations
 - Initiate ambulance diversion
 - Assess patients for risk and prioritize care and resources, as appropriate
 - Secure facility and establish safe passage routes for staff, patients, vendors and visitors
 - Increase security patrols to provide a visual presence
 - Establish traffic and crowd control procedures
 - Implement limited visitation policy
 - Ensure continuation of patient care and essential services
-

PLANNING

- Establish operational periods, incident objectives and develop the Incident Action Plan, in collaboration with the Incident Commander
 - Prepare for patient and personnel tracking in the event of evacuations
-

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

LOGISTICS

- Provide for water, food and rest periods for staff
- Obtain supplemental staffing
- Prepare for transportation of evacuated patients
- Direct all departments to adjust staffing schedules and to send all staff above minimum necessary to maintain critical operations to Labor Pool

FINANCE/ADMINISTRATION

- Implement time and cost accounting procedures, and prepare to estimate revenue losses

Intermediate and Extended (Operational Period 2 to Greater than 12 Hours)

COMMAND

(Incident Commander):

- Assess the staffing, equipment and supply needs and the overall impact from the on-going work stoppage on patient care and the facility
- Update and revise the Incident Action Plan and prepare for demobilization
- Monitor labor relations and progress of negotiations
- Continue to update internal officials on the situation status

(PIO):

- Continue with briefings and situation updates with staff, patients and families
- Continue to manage rumors

(Liaison Officer):

- Continue to notify local emergency management/EOC of situation status, critical issues and request assistance, as needed
- Continue communications with area hospitals and facilitate patient transfers

(Safety):

- Continue to evaluate facility operations for safety and hazards and take immediate corrective actions
-

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue evaluation of patients and patient care
 - Provide optimal staffing to maintain essential services and patient care
 - Continue cancellation of non-essential surgeries and procedures
 - Continue to provide facility security and crowd control
 - Continue ambulance diversion
 - Continue restricted visitation policy
 - Ensure provision of water and food to patients, visitors and families
 - Continue to maintain utilities and communications
 - Monitor patients for adverse affects of heath and psychological stress
 - Prepare demobilization and system recovery plan
-

PLANNING

- Continue patient, bed and personnel tracking, as needed
 - Update and revise the Incident Action Plan
 - Prepare the demobilization and system recovery plans
 - Ensure documentation of actions, decisions and activities
-

LOGISTICS

- Contact vendors to schedule regular deliveries and maintain supplies
 - Continue to provide staff for essential operations
 - Monitor staff for adverse affects of heath and psychological stress
 - Monitor, report, follow up on and document staff or patient injuries
 - Maintain communications and IT/IS services
-

FINANCE/ADMINISTRATION

- Continue to track costs and expenditures and lost revenue
 - Continue to facilitate contracting for resources and services
-

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

Demobilization/System Recovery

COMMAND

(Incident Commander):

- Declare cessation of work stoppage and termination of the incident
- Provide appreciation and recognition to solicited and non-solicited volunteers and personnel that provided services during the work stoppage

(Liaison Officer):

- Communicate final hospital status and termination of the incident to local EOC, area hospitals and officials

(PIO):

- Conduct final media briefing and assist with updating staff, patients, families and others of the termination of the event

(Safety Officer):

- Ensure facility and personnel safety during restoration of normal operations
-

OPERATIONS

- Restore normal patient care operations
 - Plan for the return of staff and releasing temporary staff, in collaboration with the Logistics Section
 - Maintain facility security and traffic control
 - Repatriate transferred patients, if applicable
 - Discontinue ambulance diversion and visitor limitations
 - Reschedule cancelled surgeries and procedures
 - Provide mental health support and information about community services for patient and families, if needed
-

WORK STOPPAGE

INCIDENT RESPONSE GUIDE

PLANNING

- Finalize the Incident Action Plan and demobilization plan
 - Compile a final report of the incident and hospital response and recovery operations
 - Ensure appropriate archiving of incident documentation
 - Conduct after-action reviews and debriefing
 - Write after-action report and corrective action plan for approval by the Incident Commander to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
-

LOGISTICS

- Prepare for the release of temporary staff and other personnel
 - Conduct stress management and after-action debriefings and meetings as necessary.
 - Monitor re-assimilation of staff and provide team building activities, as appropriate
 - Restore normal non-essential services (i.e., gift shop, etc.)
-

FINANCE/ADMINISTRATION

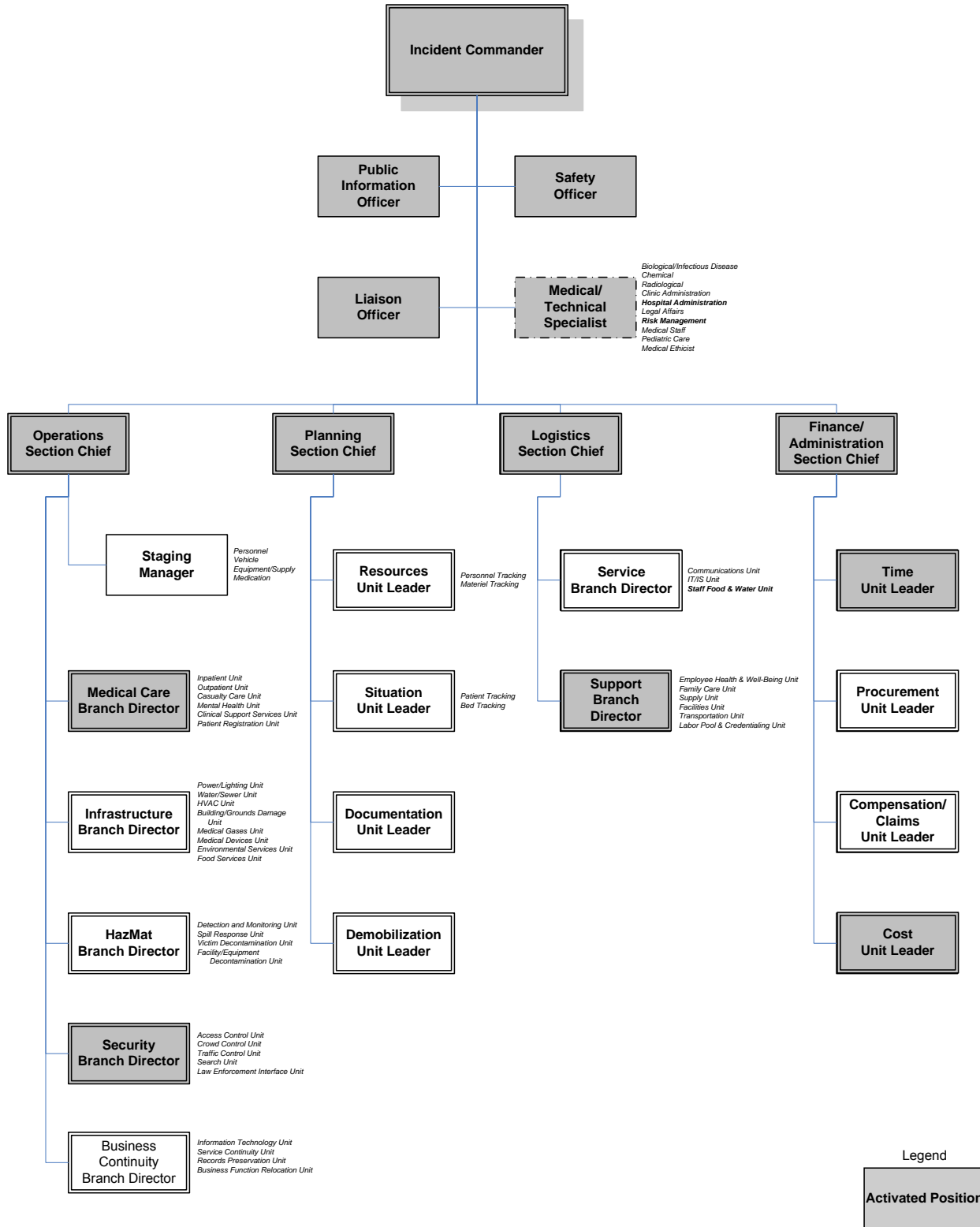
- Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander
-

Documents and Tools

- Hospital Emergency Operations Plan
 - Work Stoppage/Strike Plan
 - Facility and Departmental Business Continuity Plans
 - Television/radio/internet to monitor news
 - Telephone/cell phone/satellite phone/internet for communication
 - Human resources reference materials
 - Continuity of Operations Plan (COOP)
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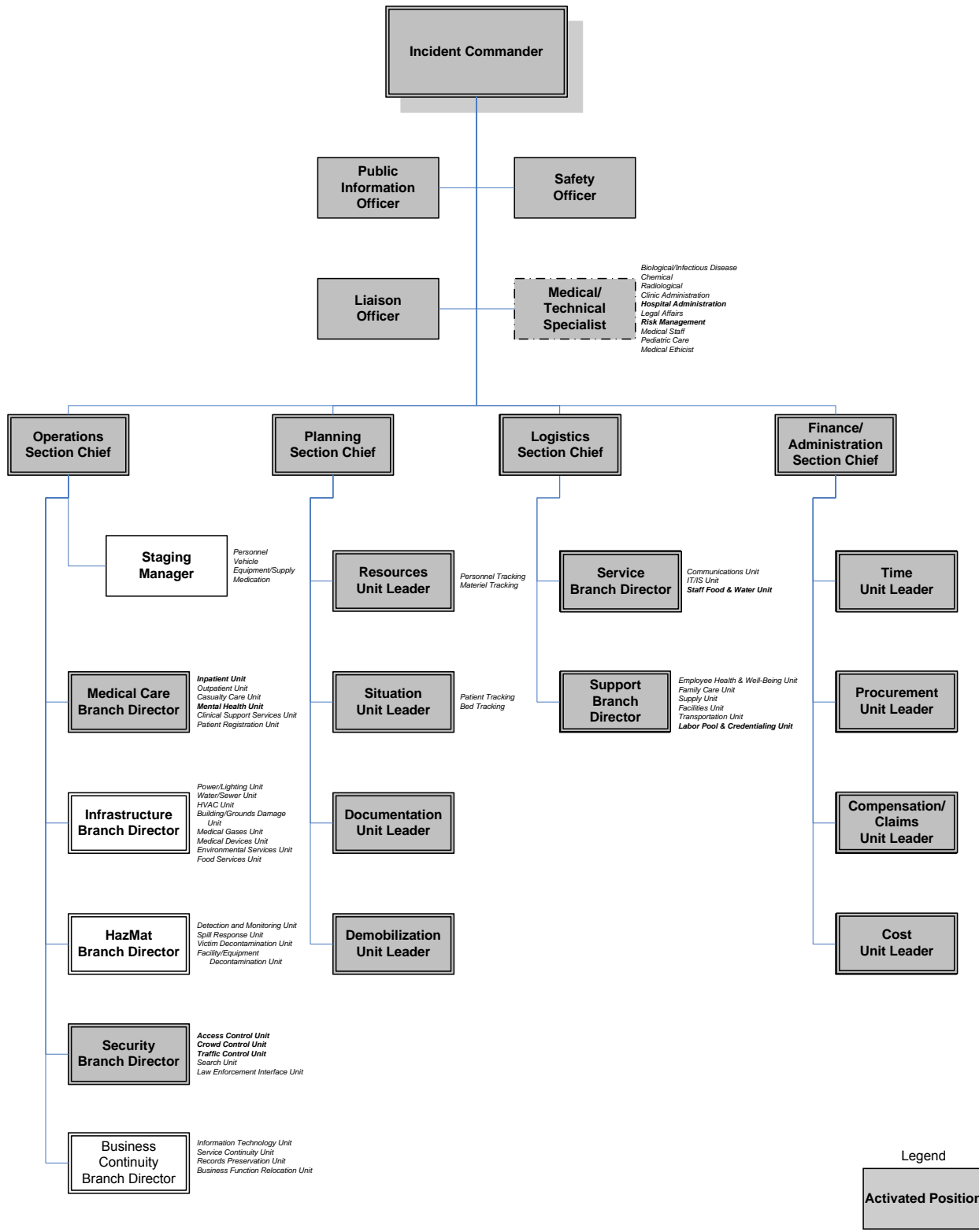
WORK STOPPAGE

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



WORK STOPPAGE

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



WORK STOPPAGE

INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION

